Tennessee

UNIFORM APPLICATION
FY 2007 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 08/20/2007 - Expires 08/31/2008

(generated on 12-3-2007 6.56.11 PM)

Center for Mental Health Services
Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0168.

Table of Contents

State:
Tennessee

Tennessee

Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

ADULT SERVICES

1. Summary of Areas Needing Improvement

The following nine areas were identified and prioritized in the 2007 Mental Health Block Grant Plan as areas needing improvement during the coming fiscal year.

1) Televideo capacity at RMHIs to allow evaluation and consultation of persons being assessed as needing involuntary commitment.

Each of the five Regional Mental Health Institutes (RMHIs) has televideo capacity. One RMHI piloted the use of this medium between local hospital emergency rooms and the RMHI to evaluate persons assessed for potential involuntary emergency commitment. The purpose of the pilot is to confirm that hospitalization is the least restrictive alternative available to meet the individual's needs and better coordinate the admissions process, thereby eliminating unnecessary travel and waiting time and stress for consumers, family and law enforcement. Another RMHI uses televideo for discharge planning meetings with community providers.

DMHDD promotes the use of telemedicine to increase response time for diagnosing patients, reduce stressors on the persons with a potential mental illness, and reduce transportation costs. Currently, forty-two telemedicine sites have the capacity to provide increased access and availability to physician services.

To enhance the use of this technology, DMHDD developed a telemedicine work group to assess barriers to utilization and promote telemedicine services statewide. A survey was conducted with CMHAs and RMHIs across the state. The information from these surveys is being reviewed to determine next steps in overcoming barriers to increase utilization of telemedicine services for the purpose of improving access and availability to behavioral health services.

2) Expansion of criminal justice/mental health liaison project.

The criminal justice mental health liaison program has expanded to eighteen projects serving twenty-three counties, providing services to adults with behavioral health needs in jails, diversion activities, referral and follow-up. Both urban and rural jails are included in the project. Liaison staff provide statewide education and training for law enforcement and court personnel. A budget improvement request for additional positions was not funded. Two Mental Health Courts currently operate in the state, one without funding, and another unfunded effort is in development.

3) Full funding of the Creating Jobs Initiative.

The Creating Jobs Initiative kick-off occurred in cities across Tennessee in FY06 with a goal of increasing the number of persons with mental illness employed statewide by 2,010 persons by 2010. Budget improvement requests for FY07 and FY08 were not funded; a limited program continued with the use of mental health consumer VISTA volunteers through FY07. Local advocacy efforts were successful in obtaining a legislative allocation to fully implement the project at one site in the Chattanooga area.

Collaborative efforts with the Department of Human Services, Division of Vocational Rehabilitation Services (DVRS), continue to improve access to employment for persons with mental illness. DMHDD transfers mental health funds to use as matching funds for the purpose of creating and expanding vocational services to the mentally ill. From this agreement, $673,400 in mental health funds leverages $4,822,065 in federal funds to provide employment services to persons diagnosed with mental illness and co-occurring disorders. Vocational rehabilitation counselors work with mental health agency psychiatric rehabilitation staff to provide employment services to persons with mental illness and co-occurring disorders. In FY07, 19,536 persons with a diagnosed mental illness received employment services.

4) Transportation initiatives.

DMHDD assesses and develops an action plan to address the needs of persons who attend Peer Support Centers (PSCs), including providing financial support to agencies to assist with transportation to the Center and community activities of interest to consumer members. Of those PSC members responding to the annual survey, approximately 50% rely on Center transportation to attend, and another 30% make use of Center transportation some of the time.

Staff is also active in the Department of Transportation's statewide planning efforts and will convene stakeholder meetings across the state during FY08 to assess and prioritize local transportation needs.

5) Co-occurrence services training and coordination.

The DMHDD Coordinator of Co-occurring Disorder (COD) Services works closely with Division of Alcohol and Drug Abuse Services staff as well as other agencies and state departments to determine how best to deal with issues of COD for adults and children. During FY07, COD education, training and consultation were provided to 235 state psychiatric hospital staff and the nine provider agencies responsible for delivering specialized COD case management services.

A Resource Directory for COD services was developed and is maintained on the DMHDD website. Department staff participates as a liaison to the Tennessee Adolescent Coordination of Treatment Grant Project and meets quarterly with Division of Alcohol and Drug Abuse Services staff to share information and plan activities related to COD issues.

6) Conservatorships for persons requiring oversight to facilitate discharge from inpatient care.

A pilot project was begun in the Knoxville area to provide conservators for individuals in the RMHI who are clinically ready for discharge to the community but, because of their mental illness, lack capacity to make informed decisions. A conservatorship task force was convened to discuss programmatic and development issues. The task force has since developed a training manual. Recruitment and training efforts began in August 2007, and complete start up is anticipated in late September. The project is expected to serve about ten mental health consumers during its first year.

7) Need for a mental health services directory specific to older adults.

The Council of Community Services already publishes a resource directory for older adult services for the Middle TN area. Staff from the Division of Special Populations have gathered resource information, and on-line directories are planned for services in the East and West areas of the state. The directory will be published electronically. While staff and advocates believe that printed copies are important, especially for older adults, no funding resource has been identified to cover printing costs.

8) Development of resource options for those without health care insurance.

Public Chapter 812, a bill from the 2006 legislative session, required the Department, in conjunction with community stakeholders, to recommend options for access to non-emergency behavioral health services for individuals in the state who are uninsured. A report was submitted by DMHDD in November 2006. Subsequent bills related to PC 812 were put forth in the House and Senate. No additional funding for this purpose was made available; however, efforts continue to determine the best and most cost effective method for service delivery. It is noted that behavioral health benefits are available through health insurance options provided under the Cover Tennessee initiative.

9) Continued monitoring and evaluation of Mental Health Safety Net (MHSN) services to adults with SMI disenrolled from TennCare.

The MHSN benefit package for adult TennCare enrollees assessed as SMI includes: Assessment, Evaluation, Diagnostic, and Therapeutic Interventions; Mental Health Case Management; Psychiatric Medication Management; Laboratory Services Related to Medication Management; and Pharmacy Assistance and Coordination. The program also supports pharmacy services that include discounts on generic and brand name drugs plus one atypical antipsychotic drug per month with minimal co-pay.

As of July 2007, 166,350 adults were listed as officially disenrolled from TennCare. During FY07, 11,851 adults assessed as SMI received services under this program. As the MHSN-eligible population either becomes eligible for Medicaid or participates in options available under the Cover Tennessee initiative, services provided under the MHSN may decrease.

Tennessee

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

2. Significant Events Impacting the State Mental Health System

TennCare Waiver Reform

On August 1, 2005, TennCare began the disenrollment of adults who did not meet any of the open eligibility requirements for Medicaid. Prescription benefits were also reduced from unlimited to five per month. TennCare reform continues to directly impact the mental health system. The tables below show the effects of TennCare reform on the TennCare Partners Program (TCPP), the behavioral health service system for TennCare enrollees, from FY05 to FY07 both in numbers served and in dollars expended.

TABLE 2.1

SERVICES	FY05	FY06	EST. FY07 *	NET EFFECT
Non-Priority Adults TCPP	48,555	32,959	34,389	-14,166
Priority Adults TCPP	91,254	76,810	72,019	-19,235
Total Served TCPP	139,809	109,769	106,408	-33,401
Priority Adults MHSN	N/A	12,303	11,851	-452
Total Priority Adults Served	(65%) 91,254	(73%) 89,113	(71%) 83,870	-7,384
Total Adults Served	139,809	122,072	118,259	-21,550

** FY07 based on 12-month data from April 1, 2006 through March 31, 2007.*

It appears that the disenrollment and appeals processes have now stabilized. As seen in Table 2.1, with the help of the MHSN, priority population adults are generally holding their proportion of the total number of adults receiving behavioral health benefits through the public mental health system.

TABLE 2.2

EXPENDITURES	FY05	FY06	FY07	NET EFFECT
State Match TCPP Payments to Community Providers	$93,011,281	$83,899,905	$74,583,125	-$18,428,156
State Match TCPP Payments for Community Pharmacy	$192,889,931	$181,993,622	$166,691,756	-$26,198,175

Table 2.2 shows the overall decrease in Medicaid match payments expended for behavioral health care services. Despite a significant increase in the amount of non-TennCare-related community expenditures, DMHDD was unable to offset the reductions due to TennCare reform and is seeking a Maintenance of Effort waiver for the 2008 grant year.

Carve-in Managed Care Contract

The new carve-in managed care contract for the Middle Tennessee area began on April 1, 2007. Approximately 337,000 service recipients were successfully transitioned to one of two new health plans. In FY08, bids will be requested to implement carve-in managed care contracts for the East and West Tennessee regions.

In order to assure the continuation of necessary services, infrastructure development funding was allocated to build-out capacities in crisis stabilization services, transitional support, supervised and independent housing, and to maintain a variety of service and support initiatives funded by the managed care contractor previously serving the area.

Cover Tennessee

The Governor's Cover Tennessee Plan began during FY07 to help individuals who are uninsured in Tennessee.

- CoverRx provides affordable medication to low income, uninsured citizens between the ages of 19 and 64 with income below 250% of the federal poverty level. Coverage has been provided for more than 21,000 adults.

- AccessTN provides a comprehensive health insurance plan for seriously ill adults who have been turned down by insurance companies as uninsurable. There is a premium cap and assistance for individuals with low income. Enrollment is currently capped at 6,000 with the first 4,500 slots set aside for TennCare disenrollees.

- CoverTN provides basic health coverage for uninsured workers of small businesses with 25 or fewer employees, a qualifying percentage of whom earn 250% or less of the federal poverty level. The monthly premium is split between the state, the worker, and the employer. Since the program opened in March 2007, more than 3,800 employers and 12,500 employees have signed up for CoverTN. CoverTN is expected to expand coverage to businesses employing up to 50 employees in 2008.

Reintegration of Alcohol and Drug Abuse Services into DMHDD

Substance abuse services oversight was returned to the DMHDD from the Department of Health (DOH) in February 2007. The move facilitates coordinated services, communication, and the development of evidenced based programs and treatment options that focus on the whole person, including better integration of services for adults and children with co-occurring disorders.

Evidence Based Practices Initiatives

In July 2006, training was conducted as part of collaboration with the University of Pennsylvania. The training was the first in a two-part pilot that is centered on SAMHSA Evidence-Based Practices. The training was conducted by Dr. Kate Donegan with the Matrix Center @ Horizon House, Inc. and Norm Council with Northern Management Consultants. Two train-the-trainer sessions were conducted using the CMHS Evidence Based Practice Illness Management and Recovery (IMR) Toolkit and the Supported Employment (SE) Toolkit.

The rational for this training format was the development of a cadre of trained practitioners who could foster the implementation of these important EBPs in their respective regions. A three-year Real Choice Systems Change Grant from CMS, awarded in FY08, will continue the training of practitioners to teach IMR. The table below indicates the general availability of EBPs for adults that are available in Community Mental Health Agencies across the state.

TABLE 2.3*

EBP	*Number Agencies with Practice*
Supported Housing	6
Supported Employment	6
Assertive Community Treatment Team	2
Family PsychoEducational Services	4
Integrated Treatment for Persons with COD	9
Illness Management Recovery	5
Medication Management	Not Reported

* *Includes 15 agencies responding to EBP provider survey for 2007. Five agencies did not respond.*

Recovery Initiative

A Resiliency and Recovery Symposium was held in November 2006 with an overall theme of "Recovery/Resiliency-Building the Foundations for System Change." The vision and desired outcome for the Symposium was to build a common understanding that recovery and resiliency are real, possible, and achievable and to develop a shared commitment to transform the public mental health system to promote and support recovery and resiliency for all persons with mental illness or emotional disturbance.

Approximately 400 consumers, family members, key policy makers and key provider agency staff attended. The Symposium was the "jumping off" point for incorporating specific recovery initiatives within the managed care organizations, in state and private hospitals, and in outpatient services.

Follow-up includes conducting recovery forums in each of the three grand regions during FY08. These smaller forums will provide an opportunity for more specific training on how agencies can implement recovery at the local level.

Peer Specialist Initiative

During FY07, DMHDD's Office of Consumer Advocacy began development of a certification process for a Peer Specialist program. To date, thirty-two individuals have been certified with twenty-two applications pending. About half of the forty-eight Peer Support Centers across the state have consumers who are trained to assist other consumers to develop their own Wellness Recovery Action Plan (WRAP). WRAP is also taught within some state and private inpatient facilities.

A CMS Real Choice Systems Change grant was awarded for FY08. A grant goal will be to train and certify fifty peer specialists connected with the CMHAs and 100 staff from the Peer Support Centers to conduct WRAP classes and seminars.

DMHDD is working with an internal workgroup to delineate the roles of peer specialists in community programs, the specifics of supervision required and mechanisms for third-party payment.

Legislative Impact

- Public Chapter 259: Training requirements for law enforcement officers.

The law requires that all police officers and highway patrol officers be provided training on proper response to persons with mental illnesses. It also requires the Peace Officer Standards and Training Commission's curriculum to include such training.

Staff involved with the Criminal Justice/Mental Health Liaison Project are providing both CIT and other mental health education and awareness activities with city and county law enforcement across the state.

Tennessee

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

3. Activities Funded by the 2007 Block Grant

Approximately 65% of the 2007 Community Mental Health Services (CMHS) Block Grant was allocated for services to adults age eighteen and above through fourteen private not-for-profit Community Mental Health Centers (CMHCs) and five other community entities across the State. The Block Grant, as well as other federal and interdepartmental funding, is awarded to agencies by a basic grant. Block Grant funded services are targeted to maintain a reliable and geographically accessible support and recovery service system for adults, provide services to older adults, assist consumers to develop skills for independent living, provide services for priority population adults interfacing with the criminal justice system and promote cultural competency.

Adult initiatives funded fully or partially with Block Grant dollars provided services to approximately 8,000 unduplicated adult consumers with SMI and provided education, training and support activities for an additional 3,500 family members and other adults.

The 2007 CMHS Block Grant Allocation totaled $7,896,737 for Tennessee. Of that amount, $5,167,300 was allocated for the provision of adult services. Less than five percent (5%) was designated for council and administrative support. Despite recent decreases in the Block Grant award, DMHDD has not decreased program allocations, utilizing an early withdrawal of the next year's Block Grant funding as necessary.

CMHS Block Grant funding was expended for adult services in accordance with Criterion 1, 2, 4 and 5 in the following manner:

Assisted Living Housing
$210,000
Assisted living fills the gap in the continuum of housing available for adults with SMI who do not or no longer require the level of supervision of a Supportive Living Group Home, but do not yet possess the necessary skills for independent living. The goal is to assist the consumer in a smooth transition to independent living. Through supervision, support, and encouragement, people who have lived in structured environments gain the skills and confidence needed to live independently within the community.

Eight sites with a capacity of forty-two (42) adults are maintained. Consumers may live alone or with others. Housing units are safe and accessible to public transportation and community services such as grocery stores, shopping, worship services, banks and recreational facilities. All participants develop a housing of choice plan, detailing goals to be accomplished to gain their housing preference.

Individuals receive support services as needed with minimum weekly face-to-face contact to coordinate daytime activities, discuss planning and preparation of meals, housecleaning, laundry or other areas of need. Fifty-four percent (54%) of persons leaving assisted living moved to independent housing either alone or with others.

BRIDGES Support
$226,500
Funds are provided to the TN Mental Health Consumers Association (TMHCA), via the Tennessee Disability Coalition, to support regional advocacy staff and on-going development of the BRIDGES (Building Recovery of Individual Dreams and Goals through Education and Support) educational program for mental health consumers.

The BRIDGES curriculum was developed in Tennessee and has spread to many other states and countries. Most recently, BRIDGES coordinators were invited to Hawaii, England, and Washington, DC to assist with the replication of the curriculum.

During FY07, 78 consumer teachers taught the BRIDGES curriculum and 21 new teachers were trained. A total of 157 consumers graduated after successfully completing the BRIDGES curriculum. Ninety-six percent (96%) of consumers who completed the BRIDGES educational course reported that they have or plan to complete an individual WRAP plan and/or a Declaration for Mental Health Treatment.

Criminal Justice/Mental Health Liaison Project
$476,000
Eighteen liaison positions provide activities targeted toward individuals with SMI or co-occurring disorders interfacing with the criminal justice system in twenty-three counties across the state. Services include liaison/case management services, diversion assessment, linkage with treatment services during incarceration, release planning, referral and linkage to follow-up services in the community and statewide education and cross-training of law enforcement and court personnel. Liaison activities enhance systems collaboration and cooperation, decrease inappropriate days of incarceration for persons with mental illness and ensure access to appropriate services. Block Grant funding is supplemented with state dollars.

Liaison staff conducted 13,854 face-to-face and 10,079 phone contacts either with or on behalf of over 3,200 consumers served. Consumers were seen both pre and post arrest and assessed for needed services. Sixty-six percent (66%) of consumers were linked with mental health services while in jail and 80% linked with services upon release.

In addition, staff provided education and training to 665 law enforcement personnel, 1,074 criminal justice personnel and 1,237 other community agency staff and individuals.

Cultural Competency
$21,800
Cultural and linguistic competency promotion is targeted for mental health agencies, mental health providers, and mental health interpreters. The goal is to assure culturally and linguistically appropriate services that improve access, remove barriers, and eliminate disparities in the care received by racial and ethnic minorities and other underserved groups.

During FY07, 68 interpreters and 170 providers received training courses. Block Grant funding is supplemented with state dollars.

Older Adult Project
$280,000
Funds support four projects that provide professional mental health counseling and peer counseling to adults age fifty-five and over who are homebound or otherwise unable or unwilling to access traditional mental health services. Services may be offered in the individual's home or at a primary care site accessed by older adults. Staff either provide or refer individuals to the appropriate level of mental health services. Services are provided in collaboration between a CMHC and the aging community service system.

Project staff provide screening, assessment and treatment services, conduct wellness groups and offer consultation and education to families and agencies. Over 800 persons benefitted from one or more services through this project in FY07.

Peer Support Centers
$3,953,000
Consumer-operated sites provide a non-stigmatizing place to meet other consumers of mental health services. Member planned activities provide opportunities for socialization, personal and educational enhancement, and emotional peer support for adults with serious mental illness. Funds support forty-eight programs serving eighty-four counties.

The annual survey of PSC participants consistently gives high ratings (90+%) on the positive impact of the program in areas related to positive self-esteem, ability to manage symptoms of mental illness, participation in treatment, increased independence and enhanced social relationships.

Table 3.A below shows the total number served during FY07 through Block Grant funded services.

Table 3.A – Adult Block Grant-Funded Programs

PROGRAM	*CONSUMERS*	*FAMILY*	*OTHERS*
Assisted Living Housing	44	0	0
BRIDGES Curriculum Participants	391	0	0
CJ/MH Liaison Project	3,230	0	2,976
CC - Interpreters Receiving Mental Health Training	0	0	68
CC - Providers Trained in Use of Interpreters	0	0	170
Older Adult Project	814	0	275
Peer Support Center – Average Monthly Attendance	3,500	0	0
TOTAL SERVED	**7,979**	**0**	**3,489**

Table 3.B on the following page details 2007 Block Grant expenditures for adult services by agency and program.

TABLE 3.B ALLOCATION OF 2007 BLOCK GRANT FUNDS FOR ADULT SERVICES

CMHC	Assisted Living	Criminal Justice	BRIDGES / Cultural Competency	Older Adult	Peer Support Center	Total
Frontier	140,000	40,000	0	70,000	462,300	$712,300
Cherokee	0	0	0	0	51,400	$51,400
Ridgeview	0	0	0	0	308,200	$308,200
HR McNabb	0	50,000	0	0	113,200	$163,200
Peninsula	0	0	0	0	154,100	$154,100
Volunteer	0	90,000	0	70,000	986,500	$1,146,500
Fortwood	0	0	0	0	113,200	$113,200
Centerstone	0	105,000	0	70,000	726,200	$901,200
Carey	0	40,000	0	0	308,200	$348,200
Pathways	0	0	0	0	205,500	$205,500
Quinco	0	0	0	0	205,500	$205,500
Professional Counseling	0	0	0	0	205,500	$205,500
Southeast	0	0	0	0	113,200	$113,200
Frayser	0	0	0	70,000	0	$70,000
OTHER AGENCY						
Mental Health Association	0	0	21,800	0	0	$21,800
Mental Health Cooperative	35,000	50,000	0	0	0	$85,000
Park Center	35,000	0	0	0	0	$35,000
Shelby Co. Govt.	0	101,000	0	0	0	$101,000
TN Disability Coalition	0	0	226,500	0	0	$226,500
Total Adult	**$ 210,000**	**$ 476,000**	**$ 248,300**	**$ 280,000**	**$3,953,000**	**$ 5,167,300**
					Total C&Y	$2,484,200
					Total Both	**$ 7,651,500**
					Admin. 4%	$ 343,015
					[a] TOTALBG	**$ 7,994,515**

[a] DMHDD did not decrease Block Grant funding to community providers. Total includes funding from 2006 Block Grant allocation and partial funding from 2007 Block Grant allocation to cover federal Block Grant reductions.

A brief description of all DMHDD-funded grant programs for adult services, including funding source(s), activities, and outcomes information is documented in the *Annual Stakeholder Report of Behavioral Health Service Activities* for FY07, submitted with this report as Appendix B.

Tennessee

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

CHILDREN AND YOUTH SERVICES

1. Summary of Areas Needing Improvement

The following three areas for children and youth services were identified and prioritized in the 2007 Block Grant plan as needing improvement during the fiscal year.

1) Continuation of Peer Power, an in-school violence prevention program designed for 4th and 5th grade youth.

This federal grant program provided services in thirty-eight classrooms in seven counties during FY06 with 822 hours of direct classroom services and a total of 17,000 student, teacher and family contacts. Pre/post test results consistently showed reductions in discipline referrals, improvement in student behaviors, and overall positive student satisfaction ratings. The federal grant had ended and stakeholders wanted the program to continue. The grant program was able to be continued with state dollars during FY07 and provided services in six schools in five Middle Tennessee counties.

2) Expansion of BASIC, a K-3 early identification and intervention program.

BASIC (Better Attitudes and Skills in Children) is a mental health prevention, early identification and intervention program for grades K-3 to enhance awareness and capacity of school personnel to respond to the mental health needs of children and reduce the incidence of adolescent and adult behavioral health problems. Currently, BASIC staff are providing services to forty-three school sites in thirty-nine high-risk rural counties. Children and youth stakeholders have advocated for expansion of BASIC to every elementary school in the state. Block grant funding fully supports this program. Given the recent decreases in that allocation and the lack of state improvement dollars, expansion has not been possible.

3) Expansion of the school-based mental health liaison program.

Pass-through funding from the Department of Education to DMHDD supports two school-based Mental Health Liaison positions in Davidson County (Nashville area) to provide face-to-face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED. A budget improvement request to expand the number of mental health liaison positions was not approved.

Tennessee

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

2. Significant Events Impacting State Mental Health System

The most significant events of FY07 impacting the state mental health system for children and youth services are discussed below.

CoverKids

Part of the Governor's Cover Tennessee initiative, CoverKids extends low-cost comprehensive health insurance, including behavioral health benefits, to pregnant women and uninsured children age 18 and under, with benefits under Blue Cross/Blue Shield modeled after the health plan for state employees. Dental and vision coverage is scheduled to be added in January 2008. Eligibility is capped at 250% of the federal poverty level, but those with higher incomes may be able to buy into the program.

It is estimated that 125,000 children in Tennessee do not have health insurance coverage. In spite of a vast media campaign and school-based application distribution, enrollment remains significant lower than expected. CoverKids currently has 15,250 enrollees in the program with an enrollment goal of 27,000 by June 30, 2008.

Legislative Action

- Senate Joint Resolution 799:

Senate Joint Resolution 799, passed by the Tennessee State Legislature during the last term of the 104th General Assembly in 2006, directed the Select Committee on Children and Youth to establish a study committee to develop an interim report describing the mental health needs of children and youth.

Using information gathered through sub-committee hearings, a series of town hall meetings, and survey administration, an interim report was completed in April 2007. Workgroup products in the areas of Service Array, Accountability, Interagency Collaboration, Funding, and Information Management will provide material for a final report required by April 1, 2008. That report is to document an initial blueprint for a comprehensive system and a full plan for development, implementation, and oversight of such a system.

DMHDD staff is actively involved in all of these activities, and it is expected that the Select Committee's final report will have a major impact on the system of care for children and youth in the state.

- Public Chapter 45: Jason Flatt Act of 2007.

This Act specifies that annual in-service training for teachers and principals include two hours of training in suicide prevention. Many local CMHAs are contracted to provide this training within their local school districts.

Along with activities of the TN Suicide Prevention Network (TSPN), the Act will increase awareness of the problem, especially of teen suicide and school violence, provide guidance for early intervention and improve knowledge of resources available for assistance to students and family members.

Methamphetamine Abuse

The Drug Enforcement Administration has called methamphetamine "the most dangerous drug problem of small-town America". This drug has had a serious impact on largely rural southeastern middle Tennessee counties where meth production, trafficking and abuse overburdens the criminal justice system and endangers the health, welfare and safety of children.

Meth use may result in both physical and mental disorders including violent behavior, neglect and abuse. Within a four-month period in late FY05, the Department of Children's Services opened 424 meth-related investigations involving 752 children; more than 700 children have been placed into state custody as a result of criminal activities by parents involved in meth use and/or manufacture.

TDMHDD was awarded two federal grants for projects aimed at impacting the negative effects of meth use in eight rural middle Tennessee counties. One project uses an integrated model (the Matrix Model) of support services, community education, and direct services to expand access to treatment for methamphetamine addiction for individuals and their families.

The second is the Building Strong Families grant project, a coordinated effort of the Department's Division of Alcohol and Drug Abuse Services, in partnership with the Department of Children's Services, the Governor's Office of Children's Care Coordination, the Administrative Office of the Courts and a local CMHC.

The grant will utilize the evidence-based HOMEBUILDERS model to serve children who are in an out-of-home placement, or are at risk of out-of-home placement, as a result of a parent's/caregiver's methamphetamine or other substance abuse.

Therapists will provide intensive, in-home crisis intervention, counseling and life-skills education for families in an effort to prevent unnecessary out-of-home placement. The goal is to reach children through on-site intervention and teach families problem-solving skills to prevent or adequately address future crises.

Tennessee

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

3. Activities Funded by 2007 Block Grant

The 2007 Community Mental Health Services Block Grant funding for services to children and youth under age eighteen was allocated to eleven private not-for-profit Community Mental Health Centers and six other community entities. The Block Grant, as well as other federal and interdepartmental funding, is awarded to agencies by a basic grant. Services are targeted to continue collaborative early intervention and prevention initiatives promote statewide cultural competence and suicide prevention activities and provide caregiver education and support services. Approximately 218,943 children, caregivers and others benefitted from programs fully or partially supported by Block Grant funding during FY07.

The final 2007 CMHS Block Grant Allocation totaled $7,896,737. Of that amount, $2,484,200 was allocated for the provision of services to children and youth. Less than five percent (5%) was designated for council and administrative support. CMHS Block Grant funding was expended for services to children and youth in accordance with Criterion 1-5 in the following manner:

BASIC
$1,596,500
Project BASIC (Better Attitudes and Skills in Children) is an elementary school-based mental health early intervention and prevention service targeted to children from kindergarten through third grade. Goals are to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult behavioral health problems. Funds support BASIC programs at forty-three elementary school locations.

A BASIC Child Development Specialist provides classroom presentations targeting social skills, conflict resolution and problem-solving skills and provides teachers support with and plans for students experiencing difficulties. Project BASIC staff identify children with SED and offer education and support to families in accessing appropriate services. Over 13,000 students benefitted from classroom presentations, and Child Development Specialists worked with 487 children with SED, 160 of them newly identified by BASIC staff.

Cultural Competency
$5,000
Cultural and linguistic competency promotion is targeted to mental health agencies, mental health providers and mental health interpreters. Cultural competency efforts are supplemented with state dollars. Cultural competency activities are supported jointly with funds designated for adult and children's services.

Early Childhood Network
$145,000
This is a collaborative effort at the local level to build a seamless and comprehensive system of care to identify and serve, through prevention and early intervention strategies, children in need of mental health services by networking all local agencies that work with preschool through third grade children. Funding supports projects in two counties that currently have RIP, BASIC, and Day Care Consultation programs and have met to identify gaps in services.

Monthly Early Childhood Network meetings are held to enhance the ability of area agencies to find children who need, but have not accessed, services to fill mental health needs and to cross-refer families for service. This is a pilot program designed to build a routine system of community collaboration. As this collaborative network of assessment, planning and cross-referral is solidified, it is expected that this effort might be relocated to another area.

Jason Foundation School Curriculum
$77,500
In response to the Surgeon General's call to action to prevent suicide plan, Tennessee developed a state Strategy for Suicide Prevention. One strategy targets providing educational programs for youth that address suicide. The Jason Foundation offers a Triangle of Prevention approach for awareness and prevention of youth suicide. The project addresses youth, parents, teachers, and educators from middle school to college in suicide awareness and prevention through educational programs and seminars.

Since first contracted in FY02, the suicide prevention curriculum has grown from serving 227 schools and 61,000 students in its first year to 648 schools and nearly 200,000 students in FY07.

Ninety-one (91) of 95 Tennessee counties have at least two schools or school districts with curriculum materials. The four counties remaining will be the focus for grant year FY08. The program has presented community and church seminars to over 500 youth and currently has established pilot sites at four colleges and/or universities in the state.

NAMI-TN Parent Education
$47,500
Children, youth and their families continue to be a focus of NAMI Tennessee through several initiatives including family courses, support groups, presentations to educational professionals and presentations to school children. The goal of these programs is to educate and empower parents and guardians to become successful advocates for their children.

Beginnings, an information and education course for primary caregivers of a child or adolescent with mental illness, utilizes a train-the-trainer model. Fifty caregivers participated in *Beginnings* training in FY07; twenty newly trained parents agreed to become teachers.

Parents, through word of mouth, may seek out course information. Referrals also come from community providers, school personnel and foster parent associations. The Department of Children's Services refers foster parents to these courses as preparation for the care of children in state custody who have psychiatric disorders.

Support groups for young families are offered in the three grand regions of the state. NAMI-TN will begin teaching the *Family to Family Provider* course in three agencies in the fall of 2007. This 30-hour training provides basic information on mental illness, emphasizing the family and consumer perspective on treatment and recovery.

Planned Respite Services
$556,600
This is a program that provides respite services to families of children identified with SED, or dually diagnosed with SED and mental retardation, who are ages two to fifteen.

Respite consultants provide short-term respite and work with the family to identify and train long-range respite resources within the community. Individualized respite plans are developed with the family. The consultant teaches families to develop community-based respite resources and utilize them effectively. Funding is supplemented with state dollars to support respite service availability in each of the seven mental health planning regions across the state. Around 500 families statewide benefit annually from this program.

Respite Voucher Program
$30,100
This is a self-directed voucher program to assist low-income families of children with SED or developmental disabilities to access needed respite services. Often, parents have utilized the planned respite program and have respite providers available, but are unable to afford costs related to the service. Participants reside in the Memphis/Shelby County area and receive an annual respite allotment. Families choose their own respite provider(s), negotiate schedules and cost, and redeem vouchers to pay for services. The program is funded to provide for a minimum of 5,400 hours of respite services during the year. The program provided respite for 53 families with children with SED.

Renewal House
$4,000
Funding supplements other state dollars to support early intervention and prevention services to children at risk of SED or substance abuse who reside at Renewal House, a residential program for addicted mothers in recovery and their children.

Services provide on-site child, family and group counseling for which there is no third-party payer source. Parenting classes, support groups and family enrichment are provided for family preservation. Therapeutic services are also provided for children when evaluations deem such services appropriate.

Suicide Prevention
$18,000
Funds supplement state dollars to support the Tennessee Suicide Prevention Network (TSPN), a statewide coalition that developed and now oversees the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention. Activities of the TSPN are further documented on their web site – www.tspn.org.

Table 3.A.1 on the following page shows numbers served in FY07 through Block Grant funded services for children and youth.

Table 3.A.1 – Children and Youth Block Grant-Funded Programs

PROGRAM	*CHILDREN*	*FAMILY*	*OTHERS*
BASIC	13,400	0	0
Early Childhood Network	113	92	0
Jason Foundation	198,680	3,338	1,096
NAMI-TN Beginnings	0	102	468
Respite	275	244	0
Renewal House	61	0	0
Suicide Prevention	0	0	1,074
TOTAL SERVED	**212,529**	**3,776**	**2,638**

Table 3.B.1 on the following page details 2007 Block Grant contract allocations for service initiatives for children and youth by agency and program.

Further activities of Block Grant and other funded services are documented in the *Annual Stakeholder Report of Behavioral Health Service Activities* for FY07 attached to this report as Appendix B.

TABLE 3.B.1 ALLOCATION OF 2007 BLOCK GRANT FUNDS FOR CHILDREN AND YOUTH SERVICES

CMHC	BASIC	Renewal Hs/ Cult. Comp.	Early Childhood Network	Jason/ NAMI/ TSPN	Planned Respite	Total
Frontier	281,557	0	0	0	81,112	$362,669
Cherokee	70,028	0	0	0	0	$70,028
Ridgeview	40,016	0	0	0	48,112	$88,128
Volunteer	280,110	0	72,500	0	184,040	$536,650
Fortwood	40,016	0	0	0	0	$40,016
Centerstone	263,887	0	72,500	0	81,112	$417,499
Carey	120,048	0	0	0	0	$120,048
Pathways	120,047	0	0	0	0	$120,047
Quinco	224,727	0	0	0	81,112	$305,839
Professional Counseling	160,064	0	0	0	0	$160,064
Frayser	0	0	0	0	81,112	$81,112
OTHER AGENCY						
TN Respite Coalition	0	0	0	0	30,100	$30,100
Renewal House	0	4,000	0	0	0	$4,000
Jason Foundation	0	0	0	77,500	0	$77,500
Crisis Intervention Center	0	0	0	18,000	0	$18,000
MHA of Mid TN	0	5,000	0	0	0	$5,000
NAMI-TN	0	0	0	47,500	0	$47,500
Total C&Y	**$1,600,500**	**$ 9,000**	**$ 145,000**	**$143,000**	**$ 586,700**	**$ 2,484,200**
					Total Adult	$ 5,167,300
					Total Both	**$ 7,651,500**
					Admin. 4%	$ 343,015
					[a] TOTALBG	**$ 7,994,515**

[a] DMHDD did not decrease Block Grant funding to community providers. Total includes funding from 2006 Block Grant allocation and partial funding from 2007 Block Grant allocation to cover federal Block Grant reductions.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	139,809	122,072	123,072	118,259	96.09
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To increase access to publicly funded behavioral health care for adults.

Target: To reinstate service access to an additional 1,000 adults.

Population: Adults receiving publicly funded behavioral health services (includes TennCare Partners and Mental Health Safety Net).

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of adults served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: Source: DMHDD, Division of Managed Care, DMHDD, Division of Recovery Services and Planning, MHSN

Special Issues: FY07 target changed to correspond to actual FY06 number served - FY07 actual number served is projected as encounter data is not yet available from all areas of the state.

Significance: As of July 2007, 166,350 adults were listed as officially disenrolled from TennCare. Approximately 7% of that number were served under the Mental Health Safety Net Program. The downward trend in TennCare services reflected during the first year of disenrollment seems to be stabilizing.

Activities and strategies/ changes/ innovative or exemplary model: In order to continue necessary services to the adult TennCare disenrolled population, a package of services known as the Mental Health Safety Net was developed in fall 2005 and has served approximately 76% of the original disenrollment population known to be assessed as SMI.

It appears that the TennCare enrolled population has stabilized, but may continue to grow through new persons becoming Medicaid-eligible either through normal eligibility categories or through re-opened categories such as "spend-down".

During FY07, the number of adults served through the TCPP regained some of the losses from the intial year of disenrollment. The number of adults served through MHSN services decreased from 12,303 in FY06 to 11,784 adults with SMI served in FY07. The number of adults served under the MHSN is not expected to substantially increase, unless categories for eligibility are expanded. As Cover TN initiatives continue, it may become less likely that Medicaid ineligible adults will be utilizing publicly funded clincial services through the state mental health authority.

Target Achieved or Not Achieved. Target was to serve an additional 1,000 adults. FY06 Actual Number Served

Not Achieved/If Not, Explain Why:

was 122,072 resulting in a goal of 123,072. While the total number of persons served through both the TennCare program and the Mental Health Safety Net differed by only 129 persons between FY06 and FY07, services to adults declined by 3% whereas children's services increased by 8%.

Due to TennCare's continuing restriction to Medicaid eligibility and increasing health care coverage options under Cover Tennessee, future targets will be more conservative.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	10.86	10.69	10.55	9.01	117.09
Numerator	800	555	--	1,004	--
Denominator	7,365	5,193	--	11,139	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Decreased rate of readmission to acute care state psychiatric hospitals within 30 days of discharge.

Population: Persons 18 and above discharged from state psychiatric inpatient service during FY06.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults discharged from inpatient services who are readmitted within 30 days.

Measure: Numerator: Number of persons age 18+ who are readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number of persons age 18+ discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group DMHDD, Office of Hospital Services

Special Issues: State psychiatric hospitals are the only inpatient option available for persons without health care insurance. Readmission definition has been changed from that included in the FY07 Plan: a readmission to any RMHI within 180 days of a discharge from any RMHI to a readmission to the same RMHI within 180 days of a discharge from that RMHI.

Significance: A major outcome of a comprehensive, community-based mental health system of care is the effectiveness of inpatient treatment and the continuity of community care.

Activities and strategies/ changes/ innovative or exemplary model: FY05 and FY06 readmission data was based on TennCare enrollee data only and did not include other discharges/readmissions to RMHIs not covered by that payer source. ALL state hospital discharges and readmissions are included in FY07 data to determine if readmission rates would significantly be impacted by broadening the population to all persons served.

DMHDD supports and promotes a variety of consumer self-advocacy and education programs; e.g. WRAP, Crisis Plans, BRIDGES, and Peer Support, to enable and empower persons to discuss their treatment with providers to maximize effective treatment practices. Participation in many of these services do not require health insurance coverage. Alternatives to hospitalization in the form of respite, crisis stabilization services and pre-screening are also available.

For those for whom hospitalization is the most appropriate option, successful community tenure is impacted by early discharge planning and the timely availability of services and supports. DMHDD licensing regulations and RMHI policy requires discharge planning begin upon admission and encourages continuity of care between the facility and the community. Managed care standards of care require case management assessment for individuals being discharged from inpatient care with a case manager face-to-face encounter within seven days and routine outpatient services available within fourteen days. The State-only category allows for outpatient services to continue despite a current lack of health coverage.

Target Achieved or Not Achieved/If Not, Explain Why:	Achieved - while total numbers increased, actual readmission rate decreased.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	21.34	20.84	21	21.15	99.29
Numerator	1,572	1,082	--	2,356	--
Denominator	7,365	5,193	--	11,139	--

Table Descriptors:

Goal: To provide effective continuity of care and outpatient services and supports that maximize community tenure.

Target: Decreased rate of readmission to state psychiatric hospitals within 180 days of discharge.

Population: Persons 18 and above receiving a state psychiatric inpatient service during FY06.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults discharged from inpatient services in FY06 who are readmitted within 180 days.

Measure: Numerator: Number of persons age 18+ who are readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of persons age 18+ discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group DMHDD, Office of Hospital Services

Special Issues: Previous year indicators have been for TennCare recipients only - FY07 data is for ALL adult discharges from the state hospital. Readmission definition has been changed from that included in the FY07 Plan: a readmission to any RMHI within 180 days of a discharge from any RMHI to a readmission to the same RMHI within 180 days of a discharge from that RMHI.

Significance: While serious mental illnesses often require hospitalization for necessary adjustments or life crises, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide necessary services in the least restrictive environment.

Activities and strategies/ changes/ innovative or exemplary model: One of the purposes of this performance indicator was to determine if readmission rates would significantly be impacted by broadening the population from only TennCare covered lives to all persons served in the state psychiatric hospital.

DMHDD supports and promotes a variety of consumer self-advocacy and education programs; e.g. WRAP, Crisis Plans, BRIDGES, and Peer Support, to enable and empower consumers to plan for effective interventions when in crisis or experiencing increased symptoms of their illness. Eligibility for these services are not contingent upon health insurance coverage.

Additionally, alternatives to hospitalization in the form of respite, crisis stabilization services and pre-screening are available to all and geared toward treating cyclical and crisis needs without requiring hospitalization.

For those with long term hospitalization, a Targeted Transitional Support Program assists in attaining and maintaining discharge from the state psychiatric hospitals by providing temporary support until financial benefits/resources are established.

For adults with a history of repeated rehospitalizations with minimal community tenure, an

	intensive long-term support program was developed in the Chattanooga area designed to maintain discharged service recipients in the community in supportive living facilities. Funds are provided for a wide variety of services and supports that complement existing services funded by various departments of the state, which have not sufficiently been able to meet the specialized needs of these persons. This intensive, creative and collaborative project has greatly increased the community tenure of a difficult and vulnerable population.
Target Achieved or Not Achieved/If Not, Explain Why:	Target achieved at 99% level - while total numbers increased, there was no significant increase due to expanded service population.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	6	5	7	7	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To increase availability of behavioral health interventions having consistent, scientific evidence showing improved consumer outcomes.

Target: To provide all SAMHSA-recommended EBP services.

Population: Adults receiving mental health services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of SAMHSA-defined evidenced based practices provided in Tennessee.

Measure: Number

Sources of Information: DMHDD, CMHA Survey, BHOs

Special Issues: States may be providing other services qualified to be evidenced based practices that are not included in the URS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: Current URS Developmental Tables 16-17 list the following Evidenced Based Practices for adults: 1. Supported Housing 2. Supported Employment 3. Assertive Community Treatment 4. Family Psychoeducation 5. Integrated Treatment 6. Illness Management and Recovery and 7. Medication Management.

Tennessee has provided approved models of supported housing and supported employment for many years. Managed care supports two Assertive Community Treatment teams. Family Psychoeducation is only practiced in two agencies. Integrated treatment for those with mental illness and substance abuse are becoming more widely available. Illness Management and Recovery services are available through some CMHAs and through the BRIDGES consumer education curriculum. Medication Management is practiced at one agency and is also part of the piloted TN Medication Algorithm Project in West Tennessee.

Routine data reporting does not capture EBPs. The number served by ACT teams is available from the Division of Managed Care. All other EBP data is gathered via an agency survey, with fidelity criteria required for reporting as of the 2006 survey.

DMHDD supports the development of EBPs through its contract with the managed care organizations and by its support of conferences, workshops, and consultation activities on a variety of EBPs.

Target Achieved or Achieved. All EBPs are available in the state, although some are not under the auspices of the

Not Achieved/If Not, Explain Why:	SMHA (therapeutic foster care is contracted for and overseen by the Department of Children's Services). Table 2.3 in the adult narrative titled: Significant Events Impacting the State Mental Health System, shows the number of CMHAs providing the various EBPs. Medication Management is not reported, but is available at one agency and through the pilot medication algorithms project.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Housing (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	570	754	784	251	32.02
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Provide affordable, safe housing opportunities for TN citizens with disabilities.

Target: To increase the number of adults with SMI living in supported housing by 30 persons.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults receiving SAMHSA-defined supported housing services.

Measure: Number

Sources of Information: Provider survey

Special Issues: Target updated according to FY06 actual numbers.

Significance: Choosing one's own housing and the level of necessary supports needed can be an integral part of an individual's recovery plan.

Activities and strategies/ changes/ innovative or exemplary model: Tennessee has provided approved models of supported housing for many years. Supported housing services (assisted living) is supported with Block Grant dollars. Other state funding supports the necessary support services to persons residing in HUD apartments or other independent housing.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. Total number served has decreased due to two issues: 1) some agencies did not respond to the provider EBP survey in time to be counted in the total and 2) agencies providing supported housing may not feel that their program completely meets fidelity standards.

We will work with agencies to encourage reporting and discuss fidelity compliance issues. Without a reliable reporting method, ongoing projections for numbers served in these programs is extremely difficult.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Employment (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	464	290	310	219	70.65
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: 1.5 To provide supported employment opportunities for adults.

Target: To increase the number of participants in supported employment by 20 adults.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults with SMI participating in supported employment programs.

Measure: Number

Sources of Information: Provider survey

Special Issues: Target updated according to actual FY06 number.

Significance: Employment is an integral part of the continuum for recovery and independent community living.

Activities and strategies/ changes/ innovative or exemplary model: Tennessee has provided approved models of supported employment for many years through Psychiatric Rehabilitation Programs across the state that offer supported employment to adults with SMI wishing to work. The Creating Jobs Initiative, while not funded as expected, has had some success in developing collaborative relationships with Vocational Rehabilitation Services, and the PATH programs for homeless adults with SMI are planning service initiatives under the "Housing First - Employment Fast" philosophy.

Tennessee is one of four participants in the University of Pennsylvania's five-year work plan and research activities to promote recovery and community integration for persons diagnosed with mental illness. Persons have been trained to train other provider staff in the city to fully implement this evidenced-based practice. The University will be evaluating the effectiveness of these efforts over the next two years.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved. Again, the number of agencies responding to the EBP provider survey fluctuates from year to year. This inconsistency in reporting as well as the lack of direct oversight of this service initiative by the SMHA makes future projections of service delivery difficult.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Assertive Community Treatment (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	388	208	172	189	109.88
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide a program of assertive community treatment for comprehensive services to adults requiring an intensive level of treatment.

Target: To maintain two PACT teams at capacity.

Population: Adults with SMI or co-occurring disorder with special level of intensity needs.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults enrolled in PACT teams (2).

Measure: Number

Sources of Information: Division of Managed care Services

Special Issues: FY05 data no longer applicable. Due to budget constrictions, only two PACT teams are operational in TN.

Significance: PACT provides a consistent treatment group that provides a continuum of necessary services over time to ease community transition of persons with SPMI and or histories that act as barriers to community inclusion.

Activities and strategies/ changes/ innovative or exemplary model: Two PACT teams are currently active; one in Knoxville and one in Nashville with a combined capacity of approximately 172 adults. Goals are to keep both teams active and at team capacity. This service is provided through the Managed Medicaid TennCare program.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Family Psychoeducation (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	3,775	100	125	608	486.40
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide psychoeducational services for support, education and problem solving skills.

Target: Provide psychoeducational services to 25 additional adult consumers with SMI.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults with SMI documented as receiving family psychoeducational services

Measure: Number

Sources of Information: Provider survey

Special Issues: Target revised based on actual FY06 numbers. FY05 data did not reflect fidelity requirements - when fidelity was added to survey in FY06, number dropped significantly.

Significance: Assisting families in understanding mental illness and increasing awareness of and strategies to deal symptomatology and behavior is an important part of the treatment regime.

Activities and strategies/ changes/ innovative or exemplary model: Numbers reported in FY05 for Family Psychoeducation were based on family education programs through NAMI and TMHCA. For FY06 reporting, minimum fidelity requirements were set for reporting, and only one agency reported services. While the SMHA encourages the use of EBPs, it is unable to mandate their use. It is felt that the annual survey of EBP practices in the mental health system acts as an impetus for agencies to investigate clinical EBPs and helps increase availability of EBPs within the state.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. The 2007 provider EBP survey documented four agencies reporting full-fidelity Family Psychoeducation services.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	8,218	1,459	1,709	7,130	417.20
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide an integrated assessment and treatment system for persons with co-occurring disorders.

Target: To provide integrated services to 250 additional adults with MISA.

Population: Adults with co-occurring disorders.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults receiving integrated services.

Measure: Number

Sources of Information: Provider survey

Special Issues: Target revised based on actual FY06 data. FY05 data did not reflect fidelity requirements.

Significance: Services received in an integrated setting promote consistency and continuity of treatment philosophy and assure adequate assessment in all symptom areas.

Activities and strategies/ changes/ innovative or exemplary model: DMHDD encourages development of and contracts for integrated treatment programs for individuals with co-occurring disorders (COD) of mental illness and substance abuse, but there is no reporting mechanism for this service, except through specialized programs. Routine encounter data reported does not capture integrated care.

However, the integration of treatment services for persons, especially adults, with both a mental illness and a substance abuse diagnosis has increased greatly across the state due to awareness, education and training opportunities developed by the Division of Special Populations and the Division of Alcohol and Drug Abuse Services co-occurring disorders staff.

The carve-in managed care model also mandates integrated service delivery across medical and behavioral issues.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Illness Self-Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	16,300	546	646	897	138.85
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide opportunities for illness management and recovery to adults with serious mental illness.

Target: To increase illness management and recovery services to 100 additional adults.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of adults reported as receiving illness management and recovery services.

Measure: Number

Sources of Information: Provider survey

Special Issues: FY05 data does not reflect fidelity requirements.

Significance: A structured curriculum to assist consumers to understand their illness, manage sumptoms, learn coping skills and take an active role in their own recovery promotes a particpatory client and maximizes opportunities to succeed.

Activities and strategies/ changes/ innovative or exemplary model: Illness management plays a major role in educating consumers of mental illness and emplowering them to take an active role not only in their treatment choices, but in planning their future in other age appropriate areas such as family and personal relationships, education, employment and social and recreational interests. The BRIDGES curriculum provides a fine example of an illness management and recovery strategy.

Tennessee is one of four participants in the University of Pennsylvania’s five-year work plan and research activities to promote recovery and community integration for persons diagnosed with mental illness. We have partnered with them for train the trainer sessions on illness management and recovery. In addition, a Real Choice Systems Change grant has been awarded for FY08 that will increase both training and availablity of IMR across the state. We expect that the use of this EBP will increase in coming years.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Medication Management (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Not Reported - available only in small medication algorithm pilot project.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	81	68	80	63.35	79.19
Numerator	3,750	5,667	--	3,324	--
Denominator	4,646	8,312	--	5,247	--

Table Descriptors:

Goal: To provide behavioral health services that are rated positively by service recipients.

Target: To maintain a rating of 80% of adults who report positively about service outcomes.

Population: Adults receiving public mental health services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of adults submitting a positive survey response on outcomes.

Measure: Numerator: Number of positive responses reported in the outcome domain on the adult consumer survey.
Denominator: Total responses reported in the outcome domain on the adult consumer survey.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: The MHSIP annual survey was completed during a one-month period in 2007 by paper survey from provider agencies and entered into the web-based TOMS system. Given the statewide implementation of the TOMS survey, provider willingness to continue the additional questions of the MHSIP is waning. Efforts to randomly add the MHSIP to a routine TOMS survey will be made for 2008.

Significance: A positive perception of care increases the likelihood of continued service acceptance and positive movement toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: The highest goal of any service system is to attain the best possible outcome for the service recipient. Since FY02, the percentage on the positive outcome measure has ranged from 64% to 67%. Prior to 2005, the survey was mailed out to a stratified sample and yielded a 23% response rate. In FY05, DMHDD made a decision to no longer use the mail out method to conduct consumer surveys. A paper survey was given to any willing service recipient with a scheduled appointment at any of twenty-two CMHAs within a twenty-day period. This significantly increased both the number of surveys completed and the response rate. This method was continued in 2006.

In 2007, the sampling system was similar to previous years with survey responses rapid data entered into a web-based system. During FY08, work will begin on how to tie in the MHSIP questionnaire with the TOMS so that client-level data is available for an increasing sample of persons served through the public mental health system.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved - the 80% target was developed prior to the addition of the "I am neutral" question. While that target may now be more difficult to demonstrate, we feel it is a minimally acceptable goal for perceived outcome of services.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Homeless Adult Services

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	N/A	N/A	33.80	0
Numerator	N/A	N/A	--	700	--
Denominator	N/A	N/A	--	2,073	--

Table Descriptors:

Goal: To impact the cycle of homelessness for adults with SMI through outreach, assistance and referral.

Target: To decrease the number of PATH recipients returning to homelessness after being transitioned to integrated community mental health services.

Population: Adults who are homeless and have a serious mental illness.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Baseline percent of served individuals reported as returning to homelessness.

Measure: Numerator: Number of homeless adults returning to homelessness after case management services.
Denominator: Total number of adults receiving case management services during FY07.

Sources of Information: Source: Annual Report by PATH Agencies to DMHDD

Special Issues: Note that FY07 goal has changed from service goal from previous years to outcome goal. Goal is not applicable for previous fiscal years and FY07 objective is to determine a baseline measure.

Significance: Homeless advocates have stressed the housing first/employment first philosophy for ending chronic homelessness.

Activities and strategies/ changes/ innovative or exemplary model: Tennessee is dependent on federal dollars for outreach services to the adult homeless population. During FY07, DMHDD and federal funding supported ten PATH projects. Each program location has a projected number of outreach contacts and case management enrollment targets. Outreach and case management services are available to homeless adults with mental illness or COD to ensure that they are aware of and have access to community resources. One area survey reported that 11% of homeless adults are eligible for government assistance through SSI, SSA, or VA benefits but either are unaware of this, are unsure how to access, or are unable to access independently.

PATH programs participate in SOAR and can assist these persons in getting entitlements. Regional housing and employment facilitation staff work closely with PATH case managers to assist them to obtain affordable housing and jobs.

Admission data indicates 65% of persons had no residence - being in a shelter or on the street. Discharge data indicates that 33.8% remained in a shelter. (Status at discharge is not known for 13.4% of persons.) Additionally, 192 persons gained financial assistance; 27 persons gained employment; 119 persons were enrolled in TennCare or the MHSN; and 771 were transferred to community-based mental health services.

Target Achieved or Not Achieved/If Not, Explain Why: Baseline Established

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Psychiatric Admission Rate

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	15.74	10	16	14.73	100
Numerator	22,008	10,882	--	15,670	--
Denominator	139,809	109,769	--	106,408	--

Table Descriptors:

Goal: To maximize the ability to remain in a community setting by providing coordinated service delivery in the most appropriate, least restrictive environment available.

Target: To maintain admissions to psychiatric acute care facilities at 16% or less.

Population: Adults enrolled in the TennCare program.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percent of adults receiving TennCare services who are admitted to acute inpatient care.

Measure: Numerator: Unduplicated # of adults admitted to inpatient psychiatric acute care.
Denominator: Unduplicated # of adults receiving a TennCare Partners service.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: An acute care admission is defined as one that results in a hospital stay of less than thirty (30) days.

Significance: Monitoring inpatient utilization is one measure of the impact of TennCare benefit reductions.

Activities and strategies/ changes/ innovative or exemplary model: Inpatient utilization is monitored by the BHOs, DMHDD and Council Committees. Given the benefit limits imposed under TennCare reform, monitoring of inpatient utilization is increasingly important to measure the impact on those adults continuing to receive services through the managed care system.

Tennessee has the capacity within its managed care program to report admissions to state and private hospitals. The FY05 data indicates a slight decrease in the hospitalization rate from FY04, but this largely reflects the months prior to TennCare reform. FY06 data shows a significant decrease in inpatient utilization for TennCare enrollees.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved. While the admission rate increased, it did not return to the FY05 level and remained under the targeted 16%.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Recovery Focus

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	55	54	50	54	1.08
Numerator	4,227,300	4,179,500	--	4,179,500	--
Denominator	7,730,700	7,647,500	--	7,651,500	--

Table Descriptors:

Goal: To provide support and recovery-oriented services for adults with SMI.

Target: To expend a minimum of 50% of Block Grant funding for recovery-oriented services for adults with SMI.

Population: Adults with SMI.

Criterion: 5:Management Systems

Indicator: Percent of block grant funds allocated for recovery-oriented services.

Measure: Numerator: Amount of Block Grant dollars spent on recovery- oriented services Denominator: Total amount of Block Grant funding minus administrative costs

Sources of Information: DMHDD Budget

Special Issues: Allocations based on continued ability to expend Block Grant funding for non-treatment services.

Significance: In light of loss and reduction of health care benefits, recovery-focused activities promote peer support, illness management and self-directed service options.

Activities and strategies/ changes/ innovative or exemplary model: Non-clinical services, especially recovery and support services are considered important for maintaining wellness, promoting empowerment, improving community reintegration and contributing to improvement in an individual's quality of life.

Since 1996, DMHDD has utilized Block Grant dollars to pilot, promote, maintain and enhance a variety of service initiatives and alternatives to assist consumers to live, work, learn, and participate fully in their communities despite their illness. Allocations included in the numerator number includes support for BRIDGES and consumer run Peer Support Centers. Each of these service projects features mentoring, education, and peer counseling activities to aid each consumer to recover to the best of his or her ability.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SMI Priority Population Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	91,254	89,113	90,113	83,870	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To ensure access to necessary mental health services for adults with SMI within the public mental health system.

Target: To provide services to a minimum of 1,000 additional adults with SMI.

Population: Adults assessed as SMI and enrolled in TennCare or eligible for safety net services.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of adults with SMI served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: Source: DMHDD, Division of Managed Care, Research and Analysis Group DMHDD, Division of Recovery Services and Planning, MHSN

Special Issues: Publicly funded services include clinical services provided under the TennCare Partners Program and the Mental Health Safety Net Services Program. As of August 2005, DMHDD is contracting directly for clinical services to TennCare disenrolled adults.

Significance: FY07 target was revised based on actual FY06 services. Note that FY07 number is data from April 2006 through March 2007.

Activities and strategies/ changes/ innovative or exemplary model: It is noted that the population for this performance indicator has been expanded to include adults with SMI receiving any publicly funded behavioral health service. Service access for non-TennCare adults with SMI in need of treatment is expedited under a “state only” category pending Medicaid eligibility determination. TennCare disenrolled adults with SMI are eligible to receive services through the MHSN.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. Priority population adults comprise approximately 10% of the total TennCare population, but in FY07 accounted for 73% of behavioral health service recipients. While the majority of adults with SMI receive treatment services as enrollees in TennCare, that number has decreased each year since TennCare reform. Also, the number served through the MHSN decreased by 4% from FY06 to FY07.

It is felt by many stakeholders that the public mental health system has hit a critical maximum of service access and that new dollars must be forthcoming for additional provider resources to maintain or expand access.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Safety Net Inpatient Admissions

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	0	6	5	N/A	N/A
Numerator	0	907	--	907	--
Denominator	0	15,473	--	N/A	--

Table Descriptors:

Goal:	To provide core psychiatric services and supports adequate to assist individuals to remain in the most appropriate, least restrictive environment available.
Target:	To limit psychiatric admissions to 5% or less for TennCare disenrolled adults with SMI.
Population:	Identified disenrolled priority population adults eligible for safety net services.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems
Indicator:	Indicator: Percentage of disenrolled adults who are admitted to inpatient care.
Measure:	Unduplicated # of adults admitted to state psychiatric hospital acute care during FY07. Denominator: Unduplicated # of safety net eligible adults.
Sources of Information:	Source: DMHDD, Division of Managed Care, Research and Analysis Group No data for FY04 or FY05
Special Issues:	Issues: Without health care benefits, state hospitalization is the only option available for inpatient services. Admission rate target is equal to that for TennCare recipients with full benefits (Goal 1.6)
Significance:	Significance: Monitoring of outcomes of vulnerable individuals losing health care benefits is important to measure consumer needs and resources needed within the public mental health system.
Activities and strategies/ changes/ innovative or exemplary model:	Approximately 26,000 adults scheduled to be disenrolled from TennCare are currently qualified to receive MHSN services by virtue of being assessed as SMI. DMHDD has been monitoring registration of these individuals with participating CMHAs and services received, including hospitalization. Performance indicator results can give us a clearer picture of the impact of TennCare reform on this population, the adequacy of safety net services, and data important to advocating for additional state resources where necessary. Please note that this indicator is not applicable to previous years. The goal for FY06 was to establish a baseline that can be used to determine whether MHSN services are sufficient to maintain adults with SMI, who lost health care coverage, in their communities. The overall goal is to document that individuals receiving MHSN services have inpatient utilization rates no higher than prior to disenrollment from TennCare.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Unable to be Reported - Due to the low percentage of disenrollees hospitalized through the first year of TennCare reform, an administrative decision was made to no longer track this outcome.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Safety Net Registration

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	N/A	57	65	76	1.17
Numerator	N/A	12,470	--	15,060	--
Denominator	N/A	21,819	--	19,738	--

Table Descriptors:

Goal: To ensure access to public mental health safety net services for priority population adults losing health care benefits.

Target: To maximize CMHA registration of disenrolled adults for assistance.

Population: Adults with SMI eligible for safety net services.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Percent of disenrolled adults registered for safety net services.

Measure: Numerator: Number of safety net eligible adults registered with a CMHA for service assistance. Denominator: Total number of disenrolled adults eligible for safety net services.

Sources of Information: Source: DMHDD, Division of Recovery Services and Planning, Office of Mental Health Safety Net Services

Special Issues: Issues: Monitoring assures accountability of safety net dollars and provides an estimate of resource needs. Not applicable to FY05.

Significance: The impact of TennCare reform, to a large part, is now known and has generally stabilized. Efforts continue to register and serve any adult disenrolled from TennCare who is assessed with a SMI and needs services.

Activities and strategies/ changes/ innovative or exemplary model: The number of adult disenrollees eligible for MHSN services was initially limited to approximately 21,000 adults with SMI currently active in the TennCare Partners service system. As of June 30, 2006, 21,819 adults with an assessment of SMI had been officially disenrolled from TennCare. Efforts were made to register as many active clients as possible in MHSN services, and this goal was targeted to that end. As of March 2007, only 19,738 of that original group were still disenrolled with 15,060 of them registered for services.

Eligibility for MHSN services was subsequently broadened to any adult disenrollee being assessed as SMI and specific clients are no longer tracked.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	50,408	48,526	49,526	52,468	105.94
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To maintain access to services for C&Y receiving behavioral health services through the public managed care system.

Target: To serve 1,000 additional children and youth in FY07.

Population: Children and youth under 18 receiving publicly funded behavioral health services.

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Unduplicated number of C&Y served by age, gender and race/ethnicity.

Measure: Number

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: FY07 target revised based on actual FY06 data.

Significance: The impact of TennCare reform is not expected to impact the under age 18 population regarding access to services.

Activities and strategies/ changes/ innovative or exemplary model: TennCare enrollment remains available for children and youth under age 21 who meet eligibility requirements for Medicaid. Their benefits have not changed and all services are available without limits as deemed medically necessary or referred by EPSDT screening. The number of children and youth receiving behavioral health care services through TennCare rose an average of 6% a year until FY05. There was a decrease in the number of services to children and youth in the first year of TennCare reform, but increased by 8% from FY06 to FY07.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	8.80	8	9	9.01	99.89
Numerator	36	39	--	78	--
Denominator	408	490	--	866	--

Table Descriptors:

Goal: To offer effective inpatient treatment and continuity of care to maximize community tenure.

Target: Maintain rate of readmission to state psychiatric hospitals within 30 days of discharge to below 10%.

Population: Persons age 0-17 receiving a psychiatric inpatient service during FY07.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of children and youth discharged from inpatient services in FY06 that are readmitted within 30 days.

Measure: % Numerator: Number of persons age 0-17 who are readmitted to a state hospital (RMHI) within 30 days of discharge.
Denominator: Number of persons age 0-17 discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group DMHDD, Office of Hospital Services

Special Issues: Readmission definition changed from admission to any RMHI within 30 days of a discharge from any RMHI to admission to the same RMHI within 30 days of a discharge from that RMHI.

Significance: A major outcome of a comprehensive, community-based mental health system of care is the effectiveness of inpatient treatment and the continuity of community care.

Activities and strategies/ changes/ innovative or exemplary model: State hospitals generally account for less that 25% of children and youth inpatient admissions. The BHOs contract with RMHIs and private psychiatric hospitals to provide inpatient care to children and youth; only two state psychiatric facilities maintain service programs designed for children and youth.
FY05 and FY06 readmission rates were based on TennCare enrolled children and included their readmission to both state and private hospitals. FY07 data is reported for state hospitals only. While total numbers increased, the goal of maintaining readmission rates below 10% was attained.

Rate of readmission within 30 days are often dependent upon continuity of care and connection with community treatment and support services. BHO standards of care require a case management assessment prior to discharge, a case manager face-to-face encounter within seven days, and routine outpatient services available within fourteen days. Children and youth requiring hospitalization and outpatient services can also be served through the state-only designation.

Target Achieved or Target Achieved.

Not Achieved/If Not,
Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	16	18.57	16	21.13	75.72
Numerator	65	91	--	183	--
Denominator	408	490	--	866	--

Table Descriptors:

Goal: To assure effective inpatient treatment and continuity of care to maximize community tenure.

Target: Decreased rate of readmission to state psychiatric hospitals within 180 days of discharge.

Population: Persons age 0-17 receiving a psychiatric inpatient service.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of persons age 0-17 discharged from inpatient services in FY06 that are readmitted within 180 days.

Measure: % Numerator: Number of persons age 0-17 who are readmitted to a state hospital (RMHI) within 180 days of discharge.
Denominator: Number of persons age 0-17 discharged from a state hospital (RMHI) during the previous fiscal year.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: Readmission is re-defined as admission to an RMHI within 180 days of discharge from the same RMHI.

Significance: Children are best served within the context of family and community.

Activities and strategies/ changes/ innovative or exemplary model: FY05 and FY06 readmission rates were for TennCare enrolled children and youth only. FY07 data was assessed for all children and youth discharged from one of the two state hospitals serving children and youth under age 18.

While serious emotional disturbances can require hospitalization for necessary adjustments or crisis situations, a major outcome of a comprehensive, community-based mental health system of care is the ability to provide early intervention and family-centered services within the home, school, or other least restrictive environment. Intensive in-home services for at risk children, education and support for caregivers of children with SED and other emotional and behavioral issues and intensive, specialized interventions by children and youth crisis services programs, all serve to impact the child’s ability to remain in the family and community setting.

Target Achieved or Not Achieved/If Not, Explain Why: Target was not achieved. The population for both the adult and children and youth 30 and 180 day readmission indicators was expanded from TennCare enrollees to all persons served at the state psychiatric hospital.

The children's 180 day readmission rate was the only indicator impacted by this expansion of population. While a number of Juvenile Criminal Court Orders are included in the data, no specific reasons for readmission can be postulated without examining individual records.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	3	2	3	3	100
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To increase availability of behavioral health interventions having consistent, scientific evidence showing improved consumer outcomes.

Target: To provide access to recommended evidenced-based practices.

Population: Children and Youth assessed as SED.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: To maintain availability to evidenced based practices.

Measure: Number

Sources of Information: DMHDD, CMHA Survey, BHOs, DCS

Special Issues: States may be providing other services qualified to be evidenced based practices that are not included in the CMHS table listing.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: The URS Table 16 list of Evidenced Based Practices for children includes: 1. Therapeutic Foster Care 2. Multi-Systemic Therapy and 3. Family Functional Therapy

Therapeutic foster care is provided by the Department of Children's Services for children in state custody through contract grants with community providers, including at least five CMHAs who also receive DMHDD contracts. A full fidelity model of Multi-systemic therapy is practiced by two agencies and Family Functional Therapy was reported offered by one CMHA. An annual provider survey is used to determine the availability and use of these models across the state.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	411	838	858	3,048	355.24
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:	To provide behavioral health interventions for which there are consistent, scientific evidence showing that they improve consumer outcomes.
Target:	To increase by 20 the number of children and youth receiving an Therapeutic Foster Care.
Population:	C&Y assessed as SED receiving a TennCare Partners service or DCS provided service.
Criterion:	1:Comprehensive Community-Based Mental Health Service Systems 3:Children's Services
Indicator:	Number of children and youth under age 18 receiving therapeutic foster care during FY07
Measure:	Number
Sources of Information:	Source: Provider Survey, DCS
Special Issues:	Issues: States may be providing other services qualified to be evidenced based practices that are not included in the CMHS table listing.
Significance:	Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.
Activities and strategies/ changes/ innovative or exemplary model:	FY07 target has been changed to correspond to actual FY06 data. Previous fiscal year data was gathered through a provider survey. FY07 data was received directly from the Department of Children's Services, the department responsible for contracting for this service for children and youth in their custody.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Achieved. Future reporting on TFC services will be reported from DCS data reports. Future targets for numbers served would be very difficult since the SMHA has no control over number of contracted resources or numbers of custody children requiring this level of care.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	3,230	1,450	1,470	555	37.76
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide behavioral health interventions for which there are consistent, scientific evidence showing that they improve consumer outcomes.

Target: To increase by 20 the number of children and youth receiving MST.

Population: C&Y assessed as SED and enrolled in TennCare.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of children and youth with SED receiving MST.

Measure: Number

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: Target revised according to actual FY06 data.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: DMHDD supports and promotes the development and implementation of evidenced based practices throughout the behavioral health system. While many CMHAs provide clinical services based on the EBP of Multi-system Therapy, only two agencies report a full-fidelity model.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. Agencies generally utilize MST as part of contracted services for youth involved with juvenile justice. As with other EBPs tracked by SAMHSA, the SMHA does not contract for, track, or influence the use of this service modality except through the support of best practices.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Family Functional Therapy (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	1,060	40	60	100	166.67
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To provide behavioral health interventions for which there are consistent, scientific evidence showing that they improve consumer outcomes.

Target: To provide services to 20 more families of children and youth with SED.

Population: C&Y assessed as SED receiving public behavioral health services.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of families receiving service.

Measure: Number

Sources of Information: DMHDD Provider Survey

Special Issues: FY05 data did not reflect fidelity requirements. FY07 traget revised according to FY06 actual data, which required minimum fidelity for reporting.

Significance: Evidence-based practices are interventions or treatment approaches that have been scientifically demonstrated to be effective, regardless of the discipline that developed them.

Activities and strategies/ changes/ innovative or exemplary model: DMHDD supports and promotes the development and implementation of evidenced based practices throughout the behavioral health system. FY06 data reporting decreased to 40 due to full fidelity requirement to report. For FY07, the one agency reporting use of FFT reported increasing services to 100 families.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	80	66	80	67.54	84.43
Numerator	1,147	1,753	--	1,138	--
Denominator	1,435	2,659	--	1,685	--

Table Descriptors:

Goal: To provide behavioral health services to children and youth that are rated positively by families/caregivers.

Target: To maintain at 80% the consumers/families who report positively about service outcomes for their children.

Population: C&Y receiving services through the public mental health system in FY07.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percentage of persons submitting a positive survey response on outcomes.

Measure: Numerator: Unduplicated # of individuals reporting positive response to survey question on outcomes.
Denominator: Unduplicated # of individuals responding to child/adolescent survey/family.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: The MHSIP annual survey was completed during a one-month period in 2007 by paper survey from provider agencies and entered into the web-based TOMS system. Given the statewide implementation of the TOMS survey, provider willingness to continue the additional questions of the MHSIP is waning. Efforts to randomly add the MHSIP to a routine TOMS survey will be made for 2008.

Significance: A positive perception of care increases the likelihood of continued service acceptance and positive movement toward recovery.

Activities and strategies/ changes/ innovative or exemplary model: The MHSIP annual survey was completed during a one-month period in 2007 by paper survey from provider agencies and entered into the web-based TOMS system. Given the statewide implementation of the TOMS survey, provider willingness to continue the additional questions of the MHSIP is waning. Efforts to randomly add the MHSIP to a routine TOMS survey will be made for 2008.

Target Achieved or Not Achieved/If Not, Explain Why: Target not achieved - the 80% target was developed prior to the addition of the "I am neutral" question. While that target may now be more difficult to demonstrate, we feel it is a minimally acceptable goal for perceived outcome of services.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: C&Y Case Management

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	55	57.80	50	56	1.12
Numerator	15,942	14,913	--	17,291	--
Denominator	28,813	25,763	--	30,692	--

Table Descriptors:

Goal: To provide case management services to children and youth with SED receiving benefits under TennCare.

Target: To provide mental health case management services to a minimum of 50% of children and youth with SED.

Population: TennCare enrolled children and youth with SED receiving a TennCare Partners service during FY07.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of children and youth in the priority population who receive a mental health case management service

Measure: Numerator: Unduplicated # of children with SED receiving a mental health case management service
Denominator: Unduplicated # of children with SED receiving any TennCare Partners service

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: Enrollment of children and youth under the age of eighteen is dependent upon parental or guardian acceptance of the service on behalf of the child.

Significance: Assuring necessary case management services for children and youth with SED is a primary goal of community-based services and a commitment of DMHDD and TennCare.

Activities and strategies/ changes/ innovative or exemplary model: Case management is a benefit of TennCare Partners, available to any child based on medical necessity criteria. The vast majority of case management services provided are provided to children and youth with SED. Financial constraints of the program limit the system's ability to provide case management services to every child with SED in the public system. With the recognition that it is important that children with SED receive access to needed case management services, a target of case management service provision to at least half of those receiving services is maintained.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: C&Y Co-Occurring Disorders

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	80	79	80	80	100
Numerator	1,398	828	--	1,006	--
Denominator	1,733	1,044	--	1,258	--

Table Descriptors:

Goal: To ensure substance abuse service access for children and youth with co-occurring disorders (COD) of SED and substance abuse.

Target: To increase the number of children and youth with COD who are accessing substance abuse services.

Population: Children and youth enrolled in TennCare diagnosed with SED and any substance abuse diagnosis.

Criterion: 3:Children's Services

Indicator: Percent of children with COD who receive a substance abuse service through the behavioral managed care system.

Measure: Numerator: Unduplicated # of children and youth under 18 receiving a substance abuse service.

Denominator: Unduplicated # of children and youth with COD.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: Issues: The Bureau of Alcohol and Drug Abuse Services has data for persons under eighteen with a mental health diagnosis, but do not specify SED for alcohol and drug services provided under the Substance Abuse Block Grant. Therefore, data is for children receiving services under TennCare.

Significance: Significance: While integrated services is the optimal service goal, the ability to access appropriate inpatient and outpatient substance abuse services is critical for those with COD.

Activities and strategies/ changes/ innovative or exemplary model: The Bureau of Alcohol and Drug Abuse Services documents services for persons under eighteen with a mental health diagnosis, but it does not specify those with SED for alcohol and drug services provided under the Substance Abuse Block Grant. The Bureau serves a minimal number of children and youth with a mental health diagnosis in treatment services apart from the managed care system.

Therefore, data is for children receiving services under TennCare. Providers are often reluctant to label children with a substance abuse diagnosis, but once diagnosed, appropriate treatment should be forthcoming. Numbers reported include those receiving an inpatient or outpatient service.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: C&Y Homeless Outreach

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	47.30	68	68	65	.96
Numerator	115	292	--	319	--
Denominator	243	431	--	490	--

Table Descriptors:

Goal: To provide outreach to homeless families with children to promote assessment and needed service access.

Target: To increase access of homeless families to appropriate community resources.

Population: Homeless parents with children suspected of SED or at risk of SED.

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator: Percentage of family members accessing needed services after referral by the C&Y Homeless Outreach Team.

Measure: Numerator: Number of families accessing resource.
Denominator: Number of referrals by Team.

Sources of Information: C&Y Homeless Outreach Project Annual Report

Special Issues: Other team referrals not included in this indicator are for TennCare enrollment, EPSDT screening, housing services, legal services, flex funds and emergency food and/or clothing.

Significance: Children of homeless families are at increased risk of experiencing physical neglect and/or developing behavioral and/or emotional problems or substance abuse.

Activities and strategies/ changes/ innovative or exemplary model: The goals of this program are to provide outreach services for homeless families to identify children and youth who may be SED or who may be at risk of SED, assist the parent in securing needed mental health services for their children (and often themselves), and link the parents with other services needed to keep the family intact and healthy. The goal above measures referral and resource access in three combined areas: 1) referral of a parent for a mental health evaluation, 2) referral of a parent for vocational/educational training, and 3) referral of a child for a mental health evaluation.

Target Achieved or Not Achieved/If Not, Explain Why: Not Achieved.

While assessment and service access are available for homeless families with children with SED, or at risk of SED, follow-up with a referral is dependent on follow-through by the parent(s) and system capacity. The highest rate of follow-through was for referrals for vocational/educational training (92%); the second for parents completing a mental health evaluation (62%); last was the percent of children referred who completed a mental health evaluation (57%).

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Early Intervention and Prevention

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	23.58	22.80	20	22.82	1.14
Numerator	1,823,000	1,745,500	--	1,745,500	--
Denominator	7,730,700	7,647,500	--	7,651,500	--

Table Descriptors:

Goal: To ensure a proportion of Block Grant funding for early intervention and prevention services for children and youth.

Target: To maintain at least 20% of Block Grant funding for early intervention and prevention services.

Population: Children and Youth with SED, or at risk of SED

Criterion: 5:Management Systems

Indicator: Percentage of block grant funds being used for prevention and early intervention services.

Measure: Numerator: Amount to be allocated for prevention and early intervention services
Denominator: Total amount of block grant funding minus administrative costs

Sources of Information: Source: DMHDD Block Grant Budget Allocation

Special Issues: Issues: Allocations based on continued ability to expend Block Grant funding for non-treatment services.

Significance: Significance: Children and youth under eighteen comprise nearly 25% of Tennessee's population. Early prevention and intervention services are considered most important to avoid more serious emotional and/or behavioral problems.

Activities and strategies/ changes/ innovative or exemplary model: DMHDD has targeted both Block Grant and Departmental funding toward services aimed at prevention and early identification of children and youth with behavioral and/or emotional problems. The K-3 program, BASIC, and the Regional Intervention Program (RIP) were developed in Tennessee more than twenty years ago and have expanded across the state. BASIC has been nationally recognized by the American Psychiatric Association and RIP has been extensively researched as a best practice. A number of states seek training from Tennessee to replicate these programs. While supporting treatment, education, and other child and family support services, DMHDD is committed to the philosophy of prevention and early intervention. Dollars include allocations for BASIC and the Early Childhood Network.

Target Achieved or Not Achieved/If Not, Explain Why: Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Psychiatric Admission Rate

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	5.50	3.72	5	3.65	100
Numerator	1,568	1,050	--	1,072	--
Denominator	28,813	28,177	--	29,336	--

Table Descriptors:

Goal: To maximize the ability to remain in a community setting by providing coordinated service delivery in the most appropriate, least restrictive environment available.

Target: To maintain the number of admissions to psychiatric acute care facilities at a maximum of 5%.

Population: TennCare enrolled children and youth with SED.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Number of admissions to acute inpatient care by children and youth.

Measure: Numerator: Unduplicated # of children and youth with SED admitted to inpatient psychiatric acute care
Denominator: Unduplicated # of children and youth receiving a TennCare Partners service with SED

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: POPULATION CHANGED TO CHILDREN AND YOUTH WITH SED. (Admission data for all TennCare children and youth was not available by the time of submission.)

An acute care admission is defined as one that results in a stay of less than thirty (30) days at any psychiatric hospital.

Significance: A major outcome of a comprehensive, community-based mental health system of care is the reduction of the need for inpatient hospitalization.

Activities and strategies/ changes/ innovative or exemplary model: Community treatment options for children with SED have been increased and a dedicated children and youth crisis service initiated. System of Care initiatives have shown positive impact in hospitalization rates of children receiving care.

Target Achieved or Not Achieved/If Not, Explain Why: Target Achieved.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Rural C&Y Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	89.20	90	90	82	.91
Numerator	6,783	6,328	--	7,978	--
Denominator	7,601	6,993	--	9,718	--

Table Descriptors:

Goal:	To assure equitable access to behavioral health services through the public managed care system.
Target:	To serve a minimum of 90% of rural C&Y with a current assessment of SED.
Population:	C&Y with SED residing in a rural county and enrolled in TennCare Partners.
Criterion:	4:Targeted Services to Rural and Homeless Populations
Indicator:	Percent of children and youth who live in designated rural counties and receive a behavioral health service through the managed care program.
Measure:	Numerator: Unduplicated # of rural children and youth under 18 receiving a service. Denominator: Unduplicated # of rural children and youth with a current (within one year) assessment of SED.
Sources of Information:	DMHDD, Division of Managed Care, Research and Analysis Group
Special Issues:	59 of 95 counties in Tennessee are designated as rural
Significance:	Assuring access to mental health services for C&Y with SED living in rural areas.
Activities and strategies/ changes/ innovative or exemplary model:	Rural accessibility will continue to be monitored to determine trends in rural enrollee service access.
Target Achieved or Not Achieved/If Not, Explain Why:	Target Not Achieved. The data shows the first decrease in the percent of rural enrollees receiving a behavioral health service since FY04. DMHDD continues to monitor rural provider availability to ensure reasonable access to medical and behavioral health care and requires the BHOs to submit plans of correction when access indicators are not met.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: SED Priority Population Access

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2005 Actual	FY 2006 Actual	FY 2007 Target	FY 2007 Actual	FY 2007 Percentage Attained
Performance Indicator	91.30	99.70	90	78.10	N/A
Numerator	28,813	28,177	--	29,336	--
Denominator	31,573	28,232	--	37,575	--

Table Descriptors:

Goal: To maintain access to services for C&Y with SED receiving behavioral health services through the public managed care system.

Target: To serve a minimum of 90% of children and youth with SED with a current (within one year) assessment of SED.

Population: C&Y enrolled in the TennCare Partners Program and assessed as SED.

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Number of C&Y with SED served by age, gender and race/ethnicity.

Measure: Numerator: Unduplicated # of children with SED receiving a behavioral health service
Denominator: Unduplicated # of children with a current assessment of SED.

Sources of Information: DMHDD, Division of Managed Care, Research and Analysis Group

Special Issues: None

Significance: Access to services for the under 18 population was not seriously impacted by TennCare waiver or benefit reductions.

Activities and strategies/ changes/ innovative or exemplary model: Numerous service initiatives for children have been developed including expansion of intensive case management, Comprehensive Child and Family Treatment Teams for high intensity, time limited services to deter out of home placement or incarceration, and services for special populations of children and adolescents.

Target Achieved or Not Achieved/If Not, Explain Why: Target Not Achieved. The number of children served as a percent of the total number of children with a current assessment of SED has remained fairly constant until this year. The number of TennCare enrolled children and youth with a current assessment of SED has fluctuated over the past four years – up in FY03 – down in FY04 – up in FY05 - down in FY06. It is now up again - to it's highest level in FY07. But, service access has apparently not kept pace with this growth.

Tennessee

Planning Council Letter for the Implementation Report

Upload Planning Council Letter for the Implementation Report

D R A F T

SIGNED HARD COPY WILL BE SUBMITTED BY DECEMBER 5, 2007

Ms. Lou Ellen M. Rice
Grants Management Officer
Division of Grants Management
SAMHSA
One Choke Cherry Road, Room 7-1103
Rockville, MD 20850

Dear Ms. Rice:

The Tennessee Mental Health Planning & Policy Council was given the opportunity to review the 2007 Community Block Grant Implementation Report and Stakeholder Report on line and by email beginning the first of November. Implementation Report review and comments were discussed at our quarterly meeting on November 16, 2006.

Minimal comments on the Implementation Report were received. The Council agrees that many good efforts are being made, but feels that the system has been straining its capacity for several years and, without additional resources, access to and quality of services will decrease.

We are committed to continued advocacy toward alleviating this situation.

Very sincerely,

Ben Harrington, Chair
Tennessee Mental Health Planning and Policy Council

Tennessee

Appendix B (Optional)

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.

APPENDIX B

ANNUAL STAKEHOLDER REPORT OF BEHAVIORAL HEALTH SERVICE ACTIVITIES

FISCAL YEAR 2007
JULY 1, 2006 – JUNE 30, 2007

TENNCARE PARTNERS PROGRAM (M/S)

Enrolled

- Provided coverage for some period of time during FY07 to 184,724 adults with SMI (a 6% decrease as compared to FY06) and 60,386 children and youth with SED (a 4.8% increase from FY06).
- Approximately 30% of adults and 25% of children enrolled in TennCare Partners as SMI or SED were from counties designated as "rural" – the same as FY06.
- Approximately 52% of adults and 62% of children covered during the fiscal year maintained a current assessment of SMI or SED, defined as a priority population assessment within a 12-month period – a substantial increase in both populations compared to FY06.

Served *(Due to system difficulties, data are provided for the time period of 4-1-06 through 3-31-07.)*

- Provided behavioral health services to 106,408 adults and 52,468 children and youth; a 3% decrease for adults and an 8% increase for children and youth from FY06.
- Provided services to 72,019 adults with SMI, a 6% decrease from FY06; and 29,336 children and youth with SED, a 4% increase from FY06.
- Approximately 9.7% of adults with SMI and 3.6% of children with SED receiving TennCare services were admitted to inpatient care during FY07; a slight (<1%) increase for both populations FY06.
- Provided case management services to 35,691 adults with SMI and 17,291 children and youth with SED; a 7% increase for adults and a 16% increase for children and youth from FY06.
- Some 11,205 adults with SMI and 1,258 children and youth with SED had a co-occurring diagnosis of substance abuse; an over 20% increase for both populations.
- Approximately 47% of adults and 80% of children with a co-occurring diagnosis received a substance abuse service; the same percentages as last year.

Adult Crisis Services

A statewide 24/7 response capability for adults experiencing a psychiatric crisis.

- Completed 39,060 face to face assessments
- Statewide mean response time = 36 minutes for emergent assessments
- Rate of diversion from hospitalization = 49%

Children and Youth Crisis Services

A statewide 24/7 specialist crisis response service system for children and youth.

- Completed 6,211 face to face assessments
- Statewide mean response time = 63 minutes for emergent assessments
- Rate of diversion from hospitalization = 67%

Crisis Stabilization Services

A licensed facility rendering short-term supervised care services, accessed to prevent further increase in symptoms of a behavioral health illness and/or to prevent acute hospitalization.

- Chattanooga – 592 admissions (4.2% transferred to inpatient psychiatric services).
- Cookeville – 311 admissions from May-September, 2007
- Nashville – 580 admissions from April-September, 2007

Telemedicine
Telemedicine services are available in forty-two counties; six agencies documented a total of 3,057 encounters provided through this technology in FY07. An unduplicated total of 1,575 persons received services via telehealth resources. Service encounter types included:

- 1,357 medication management services;
- 129 outpatient therapy sessions; and
- 107 psychiatric diagnostic assessments.

DMHDD SERVICES - ADULTS

Assisted Living Housing (BG)
$210,000
A transitional housing program to assist individuals to gain necessary skills to live independently in the community. Assisted housing sites served 44 unduplicated adults. Of those leaving assisted housing:

- 36% moved to an independent apartment;
- 18% moved to independent congregate living; and
- 9% moved to a partially supervised housing.

Consumer/Family Support Services (S/BG)
$637,900
To develop consumer and family advocacy and support services that offer emotional support, education, and information to consumers with mental illness and their families. (Includes BRIDGES, With Hope in Mind (WHM), and In Our Own Voice)

- The BRIDGES curriculum was provided to 391 consumers with 157 graduates.
- Seven (7) regional consumer advocates responded to 1,101 individual consumer requests and provided 148 training events with 3,234 consumers trained in self-advocacy skills.
- NAMI-TN expanded to 43 local and 1 campus affiliate groups offering monthly support groups and educational meetings.
- The NAMI-TN statewide Help Line assisted 2,904 individuals with information and referral and/or supportive counseling services.
- Twenty-six (26) WHM family education classes were conducted to 256 participants.
- In Our Own Voice, a consumer-run community awareness program, trained and certified forty-three (43) presenters and made full (90 minute) presentations to 922 persons. Another 750 persons participated in abridged versions as part of other training events.

Co-Occurrence Project (S)
$390,613
Supports an integrated approach to assessment and case management services for adults with co-occurring disorders of substance use and mental illness at nine locations.

- COD assessments were completed for 2,295 service recipients.
- Case Management services were delivered to 793 service recipients.
- COD education, training and consultation were delivered to 84 RMHI staff and 129 community mental health provider staff.
- As averaged across eight programs reporting, participants showed improvement as follows: 66% in substance abuse and mental health issues, 50% in housing, and 38% in employment.

Creating Homes Initiative (S)
$2,155,032
DMHDD's Creating Homes Initiative (CHI) continues to expand. Units acquired range along a continuum from home ownership to supervised group housing options.
- Total of 5,729 units were created or improved since inception in February 2000.
- Over $152.3 million was leveraged for housing development.

Creating Jobs Initiative (S)
$186,566
A pilot program to offer employment and education services to adults with mental illness or co-occurring disorder in the Chattanooga area through the establishment of a Career Center with trained staff to address the employment needs of individuals.
- Chattanooga site assisted 143 adults to find employment.

Criminal Justice / Mental Health Liaison Projects (S/BG)
$849,600
Provides interventions for adults with mental illness or co-occurring disorders of mental illness and substance abuse who are in jail or at risk of being jailed and promotes collaborative educational efforts between CJ and MH systems.
- Provided services to 3,230 unduplicated consumers, a 7% increase over FY06.
- Sixty-three percent (63%) of initial contact with individuals was made in the jail.
- Twenty-one percent (21%) of consumers served benefited from pre or post arrest diversion, deferral from the forensic process or reduced charges.
- An additional 22% were diverted from incarceration from probation status.
- Diversion activities resulted in a total reduction of 784,829 days of incarceration.
- Sixty-six percent (66%) of consumers were linked with mental health services while in jail, 44% within five (5) days of entry date.
- Over 51% received release planning, with 80% linked with services upon release.
- Recidivism rate (to jail in same county) was 3.8% at one month, 6.3% at 6 months and 3.6% at one year post release.

Each CJ/MH Liaison is assigned judicial districts in order for all counties to be offered training opportunities. Primary training activities for FY07 include:
- As part of a 40-hour basic training requirement for jail certification, liaisons provided 31 sessions on mental health and mental illness to 665 law enforcement personnel.
- Via the Tennessee Correctional Institute, an independent jail training and inspection agency created by state law, provided Mental Health Crisis Management training to 1,074 criminal justice personnel, participating in 77 basic training events – a 119% increase in numbers trained and a 266% increase in training events conducted.
- Provided additional agency and community training to an additional 1,237 individuals.

Housing Within Reach (F)
(FY06 no-cost extension into FY07)
A federal Real Choice Systems Change grant project that established an access delivery system for coordinated housing information. State dollars maintained the housing assistance website (www.housingwithinreach.org) and four consumer housing specialists. The federal grant period ended December 2006.
- Provided final housing academy event in November 2006 with a total of 175 participants.

HUD & Permanent Housing (S)
$1,299,300
Congregate agency-administered group homes, and supported apartments. Allocation includes funding for support services and operating costs for 40 sites with a 366 bed capacity.

- Served 431 persons in HUD-supported group homes, independent apartments, and permanent housing sites.
- 22% of persons served moved to a more independent living situation

Independent Living Assistance (S)
$602,000
Subsidy to assist in getting and keeping housing, utilities, and needed medical, dental and eye care.

- Average income of adults receiving assistance was $615/month.
- Served 2,349 duplicated individuals (1,852 unduplicated) at 22 agencies.
- Subsidies provided assistance for the following needs: 48% rental supplement, 31% utility supplement, 9% rental deposit, 6% utility deposit, 3% dental care and 1% eye care.
- Average amount spent per person (duplicated count) was $223.83.

Intensive Long-Term Support Program (S)
$787,800
This project provides for a variety of intensive supports and services that meet the individual needs of consumers discharged from a state psychiatric hospital to enable them to reside in a stable community placement with minimal re-hospitalization. Includes three group homes.

- Provided services to 41 individuals.
- Provides case management, clinical services, supervised housing and wraparound services as needed to maintain community tenure for adults with SPMI being discharged from inpatient care.

Mental Health Safety Net Program (S)
$11,500,000
A core service package of clinical, medication, and case management services designed to provide basic services to adults with SMI disenrolled from the TennCare waiver population. Includes access to free and subsidized medications. In FY07:

- 15,300 adults registered for services
- 11,851 adults received services
- 85,200 individual services were delivered

Older Adult Treatment Services - OATS (F)
$555,500
The OATS grant provides a comprehensive continuum of treatment that is culturally competent and flexible for adults aged 50 and over who are abusing alcohol or other drugs, including prescription and over-the-counter medication in the Greater Nashville Area. It is modeled after CSAT TIP #26, “Substance Abuse Among Older Adults”. During the third grant year, the project:

- Served 57 new clients.
- Provided education to 632 community professionals.
- Conducted wellness groups to 535 seniors.
- Enrolled a total of 194 older adults into treatment services.

Older Adult Care Project (BG)
$280,000
Offers outreach, education and referral to adults age 55 and over with serious mental health disorders and encourages the use of peer counseling and other mental health related services outside of the traditional mental health center. Collaborates with public health clinics and older adult community services agencies.

- Provided screening, assessment and treatment services to over 814 adults.
- Conducted wellness groups for seniors with 325 participants.
- Provided educational in-services to 55 agencies providing services to older adults.
- Provided client consultation to 29 senior-serving programs.

PATH – Projects for Assistance in Transition from Homelessness (S/F)
$1,014,500
Program to provide outreach and case management services to adults with serious mental illness who are homeless or at risk of homelessness – ten agency sites.

- Provided outreach contacts to 2,252 homeless adults.
- Provided homeless case management services to 2,073 adults with mental illness.
- PATH intervention increased number receiving SSI/SSDI from 14.4% to 20.3%; TennCare services from 9.8% to 15.2%; MHSN services from 0.8% to 2.2%; and the number employed from 2.5% to 3.8%.
- 52.8% resided in stable living situations upon discharge.
- 51% of those served had co-occurring disorders of mental illness and substance abuse.

Peer Support Centers (S/BG)
$4,625,160
A consumer-run peer support, education, and socialization program for adult consumers of mental health services.

- Unduplicated monthly average attendance was approximately 3,500.
- The number of persons attending a PSC for the first time was 2,456.
- Outcomes demonstrated in the 2007 consumer satisfaction survey of PSC members showed that 91% were less likely to be hospitalized, 94% were more able to seek help when needed, and an average 93% reported feeling better about themselves, less lonely, more independent, and more in control of their life.

Regional SETH Facilitators (S)
$520,900
The SETH initiative seeks to develop increased resources for service development in the areas of **S**upport, **E**mployment/**E**ducation, **T**ransportation, and **H**ousing/**H**omelessness.

Dollars support seven facilitators, one in each of the mental health planning regions of the state. Staff network within their communities to effectively develop collaborations to match State dollars with funding from other state/local/federal/private entities to increase desired services in the area.

Facilitators especially focus on plans to increase the number of safe, affordable, quality, permanent housing options for persons diagnosed with a mental illness or a co-occurring disorder of mental illness and substance abuse.

Regional Consumer SETH Specialists (S)
$223,300
Four Consumer Specialists assist in the SETH initiative through outreach and education to reduce stigma, through consumer education about new community developments, and by advising consumers, family members, providers and others on how to utilize web-based resource information.

Targeted Transitional Support (S)
$303,000
Funding to six agencies to provide necessary services to allow adults eligible for discharge to leave state hospitals until entitlements can be received.
- Assisted 861 persons (duplicated count) to be discharged from state psychiatric hospital care.
- Made 592 payments on behalf of discharged individuals: 88% housing, 7% medication, 1% mental health services, 3% transportation and 5% other needs.
- Average amount spent per person was $91.00.

Transportation (S)
$300,000
DMHDD provides funding to 14 CMHAs to assist with purchase and maintenance of vans for transportation of consumers to Peer Support Centers and planned activities.
- Approximately 50% of consumers responding to the annual Peer Support Center survey reported a reliance on center-provided transportation services in order to attend Center activities.

DMHDD SERVICES – CHILDREN & YOUTH

BASIC-Better Attitudes and Skills in Children (BG/S)
$1,600,500
An elementary school-based mental health early intervention and prevention service that works with children grades K-3 to enhance awareness and capacity for response of school personnel to the mental health needs of children and to reduce the incidence of adolescent and adult mental health problems.
- Served 13,400 children and youth in 39 counties at 43 sites.
- Served 487 children with SED.
- Newly identified 160 children as SED.

Child Care Consultation (S)
$163,000
The Child Care Consultation program provides mental health training and technical assistance services to childcare and early childhood centers across the three Grand Divisions of East, Middle and West Tennessee.
- Provided training and technical assistance to 932 staff members of 252 early childhood centers affecting 7,287 children.
- Provided training to 10 staff members of 7 pre-K classrooms.

Early Childhood Network (BG)
$145,000
A collaborative effort on the local level to identify and address the mental health needs of preschool through third grade children identified by families or community providers as SED or at risk of SED through a county-wide community system of care model.

- Served 92 children and 71 families In Maury County.
- Served 21 children and 21 families in Rutherford County.

Education and Training - Erasing the Stigma/Kids on the Block (S)
$110,000
Promotes understanding of mental illness by providing education and information about mental wellness and mental illness to children and youth. Public awareness activities are presented to forums of youth and adults with the goal of promoting knowledge about mental health and reducing stigma.

- Total of 118 Erasing the Stigma presentations given to 3,409 children and 2,622 adults.
- Total of 404 Kids on the Block presentations given to 44,340 children and 3,950 adults.

Family Support and Advocacy (BG)
$337,959
TN Voices for Children provides for a variety of education, support and outreach services regarding children with SED to parents and professionals across the state. An annual TeenScreen is coordinated at area schools. A newsletter, library service and internet site are also available.

- Provided fourteen (14) support groups with an estimated 7 persons attending each meeting.
- Total number of parent/caregiver contacts = 7,783; professional contacts = 34,640.
- Provided education support and advocacy services for 273 families by attending 319 school-related meetings.
- TeenScreen events were held at 15 schools with 939 youth screened.

Homeless Outreach Project (S)
$217,000
Provides outreach and case management services to homeless families with children to identify children and youth with SED or at risk of SED and refer them to appropriate services.

- Referred 394 homeless families to appropriate services through outreach.
- Provided case management services to 360 families with 790 children.
- Referred 232 children for a mental health evaluation.
- Identified 118 children as SED.
- Referred 163 children for an EPSDT screening.
- Assisted 49% of families to secure permanent housing.
- Ninety-nine percent (99%) of parents completing a satisfaction survey strongly agreed or agreed that their child received the services and support that the parent felt the child needed.

Jason Foundation. Inc. - JFI (BG)
$77,500
The JFI Curriculum is a youth suicide prevention curriculum for use in middle and high schools across the state as well as for churches and other community organizations that work with children. Four college program pilot sites were initiated this fiscal year.

- Added 72 new locations of schools receiving curriculum.
- Total schools using curriculum is 648, impacting an estimated 198,680 students.
- Total community organizations using JFI = 280
- Twenty-one (21) Teacher Seminars presented to 1,096 teachers.
- Forty-nine (49) adult and 28 community/church seminars with 3,338 attending.
- Thirteen (13) Youth Seminars presented to 505 students.

Memphis Respite Voucher Program (S/BG)
$98,303
The Memphis Respite Voucher Program is a respite subsidy program operating only in Memphis/Shelby County. This program provides vouchers to enable low-income families of children with SED or DD to pay for respite services when needed.

- Provided respite vouchers to 69 families; 53 families with children with SED and 16 families with children with developmental disabilities.

Mental Health 101 (BG)
$60,000
Provides a mental health curriculum for middle and high school students, particularly targeting children of parents with serious mental illness. Also provides educational workshops on parenting skills for consumers of mental health services.

- Provided Mental Health 101 curriculum to 6,048 students at 29 schools in 11 counties.
- Created a "Strengthening Families" section on website (www.mhaet.com) to disseminate material and fact sheets about children and parents with mental illness with an average of 2,347 users per month during fourth quarter of FY07. Fact sheets include:
    - Tips on Healthy Parenting for Mothers with Depression
    - Serious Mental Illness and Parenting
    - Explaining Mental Illness to Children
    - Custody Issues: When a Parent has Mental Illness
    - Risk to Resiliency: Protective factors for Children
    - Mental Illness in the Family: Recognizing Warning Signs and How to Cope
    - Issues and Challenges When a Parent has Mental Illness

Mule Town Family Network - MTFN (F)
$1,140,797
A grant to provide a coordinated effort of state, county, local agencies, individuals, youth and family members, using wraparound services, for children with SED and their families in Maury County. The goal of this project is to help children and youth with SED enhance their quality of life while remaining in their homes, schools and communities. Officially started in December 2006, the project expects to serve 90 families per year. As of March 2007:

- 42 families had been referred'
- 22 children and youth were enrolled; 9 families were in the initial screening process; and 11 were closed out due to caregiver choice.

NAMI-TN (BG)
$47,500
Due to the *Visions for Tomorrow* family curriculum being outdated, the *With Hope in Mind - Beginnings* course was piloted during FY07.

- Twelve (12) *Beginnings* courses were held across the state with 102 recipients.
- In an effort to equip teachers and school personnel to assist children with psychiatric disabilities, conducted ten (10) professional presentations to 468 educators and other non-mental health professionals.
- Thirty-two (32) presentations of the *Breaking the Silence* curriculum were given to over 700 upper-elementary to high school children.

PEER Power-Prevention Education Enhances Resiliency (S)
$100,000
Grant program for grades 4-8 to strengthen youth resiliency through social skills enhancement.

- Provided PEER Power to 621 children in 6 schools in 5 counties in Middle TN.
- Pre/post test results = 56% reduction in discipline referrals; 82.4% improvement in two or more student behavior objectives, and 95.7% overall positive student satisfaction.
- A substantial number of youth (35.7%) met improvement objectives in all six behavior areas observed.

Planned Respite (S/BG)
$685,212

- Provides time-limited respite services, respite resource planning and behavioral education to families of children identified with SED, or dually diagnosed with SED and mental retardation, who are ages 2-15.
- Provided planned respite services to 191 families for 275 children.

Regional Intervention Program - RIP (S)
$1,023,041
An internationally recognized parent-implemented program of behavioral skills training designed for the early treatment of children under age six with moderate to severe behavior disorders and their caregivers. Parents learn to work with their own children, support one another and operate the program.

- RIP served 529 children from 476 families.
- RIP currently maintains a waiting list of 74 families.

Renewal House – Strengthening Families (S/BG)
$25,027
Renewal House offers residential care for addicted women and their children. Funding allows for on-site early intervention, prevention and counseling services to those children who are deemed at high risk of SED or substance abuse when no other payer source exists to access services.

- Sixty-one (61) children received on-site therapeutic services.

School-Based Mental Health Liaison Services (O)
$100,000
Funded by the Department of Education through DMHDD, provides two full time mental health liaisons for the Nashville/Davidson County School System. The R.E.P.L.A.Y. Program (Re Educating Promising Lives Among Youth) provides face-to-face consultation with classroom teachers to assist them in structuring the classroom to enhance the learning environment for children with SED. An array of mental health services are provided to assist teachers, students and classrooms in reaching goals related to behavioral and academic progress.

- Provided services to a total of 278 children and youth.
- Services included assessments, consultation with teachers, classroom interventions, individual and group counseling, home visits, crisis interventions and family consultation.

Tennessee Lives Count (F/O)
$413,796
A youth suicide prevention and early intervention federal grant program to reduce the number of suicide attempts and completed suicides among at-risk youth and young adults ages 10-24. Training in youth suicide prevention and early intervention was provided to a total of 3,216 persons during FY07, including:

- 1,201 foster care staff and 119 foster parents;
- 371 teachers and other school staff;
- 676 juvenile justice staff and court appointed advocates;
- 239 public health nurses;
- 33 faculty and 160 students of mental health courses at the college level; and
- 417 other community individuals.

TN Respite Network (S)
$88,175
The Tennessee Respite Network (TRN) is a statewide Respite Information and Referral service for families of children with SED or developmental disabilities. This service operates a toll-free phone line and utilizes a computer database of available respite resources. TRN also trains respite providers across the state and administers a respite subsidy program for families of children with SED who are on TennCare.

- TRN answered 1,101 calls for information and gave referrals to 275 families and professionals on respite resources.
- Approximately 251 families were served through the BHO respite subsidy program.
- Thirteen (13) persons successfully completed the Respite Provider training course.
- The respite provider database now totals 49 regular providers and 16 special providers, (identified by a particular family to serve only that family).

DMHDD CONTRACTS – GENERAL

All-Hazards Disaster Response Training (S)
$13,000
Funding to provide for certified courses in critical incident stress management (CISM) for peer first responders and behavioral health providers on voluntary CISM teams across the state.

- Conducted ten (10) certified courses with a total of 673 participants.
- Unduplicated number trained (receiving only one course in FY07) is 215.
- Courses and total attendance:
  - Law Enforcement Perspectives - 34
  - Group - 65
  - Individual/Peer - 50
  - Advanced Group - 71
  - School Crisis - 53
  - CISM with Children - 88
  - Suicide Intervention and Postvention - 84
  - Strategic Response Planning - 42
  - Grief and Trauma -101
  - Stress Management for Trauma Providers - 85

Cultural Competency (S/BG)
$44,200
The cultural and linguistic competence initiative is an educational, awareness building, and competency based program to enhance agency and professional awareness of the impact of culture on positive outcomes of mental health services. The goal is to assure culturally and linguistically appropriate services that improve access, remove barriers, and eliminate disparities in the care received by racial, ethnic minorities, and other undeserved groups.

- Mental Health Training for Interpreters curriculum was provided through five (5) training events to 68 interpreters.
- How to Work with an Interpreter training was provided through nine (9) events to 170 providers.
- Maintains a web based list of interpreters available by county/language (http://www.ichope.com/index.cgi?token=107926131146&page=plhelp-international.html)

Data Infrastructure Grant (F)
$200,000
A SAMHSA Community Mental Health Data Infrastructure Grant to assist states in developing the ability to report National Outcome Measures. The Tennessee Outcomes Measurement Systems (TOMS) was developed in collaboration with TAMHO. The project was piloted at 5 agencies beginning September 2006 and expanded to 21 community mental health contract agencies between April and July 2007.

- Plan to establish baseline measures for NOMS from TOMS surveys for 2008.
- Able to report on all NOMS required for 2007 Implementation Report.
- TOMS surveys completed as of 9/30/07: 12,327 Adult, 2,448 Youth, and 3,981 Caregiver.

Forensic Evaluations – Inpatient (S)
$26,791,625
Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons whose evaluation cannot be completed on an outpatient basis.

State psychiatric hospitals and three (3) other hospitals or residential services entities provide inpatient evaluation services.

- Provided 452 inpatient adult forensic evaluations
- Provided 776 inpatient juvenile forensic evaluations
- Provided Forensic Evaluator Certification to 21 psychiatric hospital staff, 3 DMHDD staff, 2 mental retardation staff and 2 interpreters.
- Provided Forensic Evaluation Re-Certification training to 128 attendees and re-certified 99 forensic evaluators.

Forensic Evaluations – Outpatient (S)
$1,147,990
Adult criminal court and juvenile court evaluations for competency to stand trial and/or to assess mental status at the time of the offense for persons in jail or in the community.

- Nine (9) community mental health agencies were contracted to provide outpatient forensic evaluations for the courts.
- Provided 2,181 adult outpatient forensic evaluations
- Provided 95 juvenile outpatient evaluations
- Provided Forensic Evaluator Certification to 11 community mental health professionals.

Forensic Targeted Transitional Support (S)
$42,000
Forensic targeted transitional funding is used to bridge the gap from discharge of a forensic service recipient to a community agency when the individual is not able to obtain benefits until after discharge. Assistance is temporary until financial benefits are established.

- Funds were expended to attain and maintain discharge for 17 adult forensic service recipients.
- Payments provided assistance for the following needs: 65% housing, 23% medication, 1% mental health services, 1% transportation and 10% other needs.
- Average amount spent per person was $1,959.35.

Methamphetamine Evidence-Based Treatment & Healing Grant – METH Grant (F)
$556,388
The METH grant uses an integrated model of support services, community education, and direct services to expand access and treatment for methamphetamine addiction for individuals and their families in the rural Tennessee counties of Coffee, Franklin, Grundy, Lincoln, Moore, and Warren.

- 447 intake assessments have been conducted, and 158 individuals have enrolled in the Matrix Model
- 54 clients have completed the 16-week Matrix Model curriculum and graduated from the program
- The program has discharged 104 clients; 40% of discharges occurred because of program completion, and the remaining 60% of discharges were due to lack of compliance, incarceration, clients needing a higher level of treatment, etc.

PASRR- Preadmission Screening and Resident Review (S)
$1,000,000
Screening of Medicaid-certified adults seeking nursing home admissions to determine the need for specialized treatment for mental illness and/or developmental disabilities other than mental retardation.

- Completed 4,238 screening evaluations.

TN Suicide Prevention Network (S)
$146,000
The Tennessee Suicide Prevention Network (TSPN) is a statewide coalition of agencies, advocates and consumers developed to oversee the implementation of strategies to eliminate/reduce the incidence of suicide across the life span, to reduce the stigma associated with suicide, and educate communities throughout the state about suicide prevention and intervention.

- Trained 1,074 professionals in Question, Persuade, Refer (QPR) suicide risk reduction.
- Eight (8) Regional Suicide Prevention Task Force groups held 103 meetings.
- Supported 10 support groups for persons losing someone to suicide and 2 support groups for persons surviving a suicide attempt.
- Maintained an informational website www.tspn.org with 46,366 hits during the fiscal year.
- Distributed more than 53,000 bulletins, pamphlets, flyers, magnets and brochures on suicide awareness, assessment and intervention.
- Completed 325 media awareness activities through radio, television, newspapers and advertisements.
- Organized/hosted 50 conferences, workshops and training events.

Funding Codes:
M = Medicaid
S = State DMHDD Budget
BG = CMHS Block Grant
F = Federal Grant
O = Other State/Interdepartmental

Funding Note: Dollar figures shown are amounts originally allocated for FY07 and may not match total dollars contracted and/or expended during fiscal year in any one service/program/project.

Full detailed reports are available for grant programs upon request to TDMHDD.
Questions or requests may be directed to:
Carol M. Kardos, Office of Recovery Services and Planning
425 Fifth Avenue, N., CHB-5, Nashville, TN 37243
615-741-3270 Carol.Kardos@state.tn.us